Bailey Randolph Kelly 2318 Bryant Avenue PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO M YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto COUNTY Md. Burial Cedar Hill 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ORTON & Sons. 1701 Laurens St. a Davidon

STATE OF MARYLAND

2b HOUR

126 KIND OF BUSINESS OR

10:54

IF UNDER 24 HRS

1986

IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/B4 (VRA 15, 4)

| 00-1881 | 75 | FOR STATE REGISTRAR | DEP | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 4 8 6 5 |
|--|---|---|--|---|---|--|
| - 84 | -100 | 1. DECEASED NAME EIRST (TYPE OR PRINT) | WIDDLE | LAST | 20 DATE OF DEATH MONTH | AY YEAR 26 HOUR |
| 4 600 | | HELEI | | ADAMS | SEPTEMBER 19 | |
| | 70 | 1. SEX | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | FUNDER LYEAR IF UNDER 24 HRS |
| 100 | 1 | FEMALE | WHITE | SEPT. 8 1910 | 76 YRS | |
| | 4 | 70 BIRTHPLACE ISTATE OF FOREIGN PENNA. | 76 CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED WIDOWED MORCED | BALTIMORE CITY OR COUNTY BALTIMORE CITY | |
| | 3 | 10 CITY OR TOWN OF DEATH BALTIMORE | (IE NOT IN SUCH EACHITY, GIVE | URSING HOME OR OTHER INSTITUTION STREET ADDRESS) HOPKINS HOSPITAL | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SALESPERSON | 12b KIND OF BUSINESS OR INDUSTRY DEPT. STORE |
| ND 212 | 1 | USUAL RESIDENCE (IF NURSING HOME 130. STATE 136.CO | OR OTHER INSTITUTION GIVE RESIDENCE | | 138 ATREE ODDRESS NZP CODE | HEIGHTS AVE. |
| MARYLA | 500 | 14 FATHER'S NAME FIRST BERNARD | MITKOWS | T FIRST | MIDDLE | UNKNOWN |
| MORE. | medical | 160 WAS DECEASED EVER IN U.S. A | GIVE WAR OR DATES! | SECURITY NO. 17 INFORMANT 38-9113 AMALIA HA | TFIELD (DGHTR) | 70730 CHAPMAN RD. 21087 |
| TALRECORDS, 2013W, PRESTON ST., The law cequires that the death certific states states. The hot been in just by a depart of phone in their permit Them pillions remove component. | S shows any miury, of other springs of | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONS 16) DUE TO, OR AS A CONS 10) T CONDITIONS CONTRIBUTING OVAMAN Carci 196 CONDITION FOR W Probable Ova 216 TIME OF INJURY | SEQUENCE OF SEQUENCE OF SEQUENCE OF STO DEATH BUT NOT RELATED TO THE TERM MOMA WHICH OPERATION WAS PERFORMED TIEN CACINEMA Adjusted Me 1216 HOW INJURY OCCUP | MINAL DISEASE OR CONDITION GIVI | WERE FINDINGS USED YING CAUSES OF DEATH? |
| DIVISION OF THE CONTROL OF THE CONTR | disked or them 1 | OR CONTRIBUTING CAUSE OF (LIF EITHER NOTIFY MEDICAL EXAMIN 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | P.M. 21e PLACE OF INJURY LATHOME STREET, FACTORY, O | FFICE, EARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| HOSTAL ORACIEMD Sened by the footbild of FUNERAL DIRECTOR - | An the pape Dept. of the PORTANT. If them 21 is the | sow the deceased alive | not) view the body after death. | Coff 1 | MEDICAL STAFF DIRECTOR PHYSICIAN MEDICAL | ond from the couses stated 22c DATE SIGNED 9/19/86 |
| 24 24 8P | N N | 230. BURIAL, CREMATION, REMOVA | 23b. DATE 9/22/86 | 23c. NAME OF CEMETERY OF CREMATORY HOLY ROSARY | 23d LOCATION BALTIMORE | COUNTY MD. STATE |
| DHMH - 16 60 | | 24 FUNERAL DSCHORMUNE NAME 3331 Bre | K FUNERAL HO hms Lane, Ba | ME, INC. 21213 SE | P.23 1986 | AR'S SIGNATURE |

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

SEPT. 28, 1986

23c. NAME OF CEMETERY OR CREMATORY

BETH EL MEM. PARK

23b. DATE

RANDALLSTOWN

250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE · Jawydistal station

BALTO.

MD

IF UNDER TYEAR

12b. KIND OF BUSINESS OR

RELIGION

21 215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

NOF

APT. 308

YES [

100 The Party of the San San And San THE PROPERTY OF THE PARTY OF TH LAME TO AND ARROW DON'TH

| -16386 | | 1 - | FOR STATE REGISTRAR | DE | PARTMENT OF | E OF MARYLAND BEALTH AND MENT CICATE OF DEAT | | ENE 8 6 | 2 | 4 | 5 6 7 |
|---|--------------|---------------|---|--|---------------------|--|------------|-----------------------------|---------------------|--------------------|----------------------------------|
| | | | CEASED NAME FIRST OR PRINT) | MIDDLE | | AST | | 20. DATE OF DEATH | | YEAR 986 | 26. HOUR A 5:07 |
| noy be | | | CARLOS | | ALE | | | SEPTEMBER | | | M |
| ctor. | 14 | 3. SE | MALE | WHITE | 5. DATE (| | 1925 | 6. AGE (IN YEARS LAST BIRT) | YRS. | HS DAYS | HOURS MIN. |
| leoth. Pog nerol dire | on on | 7a. Bl | RTHPLACE (STATE OR FOREIGN CUNTRY) | 76. CITIZEN OF WHAT COU | MARRIE WIDOWI | D X NEVER MARR | IED ' | BALTIMORE CITY OF | V.00 | DEATH | MD. |
| offer d | | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, I | E STREET ADDRESS) | | | 120 USUAL OCCUPATION | WORKING LIFE) | NDUSTRY | F BUSINESS OR |
| 5 -0 12 | o de | B7 | AL RESIDENCE (IF NURSING HOME OF | JOHNS HOPK | INS HOST | PITAL. | | MUSICIAN | .] | BALTO. | SYMPHON |
| in 24 hou y filled in hould be | ar must | N | IARYLAND | | IMORE | 13d. INSIDE CITY LI YES X NO | | 3209 LAKE | AVENUE | 212 | 213 |
| ompletely | S CONTRACTOR | 14. FA | CALISTO | ALEJO " | AST | 15. MOTHER'S MAI | ARIA | E | VII | I A LAS | ī |
| 5 0- | 0 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b SOCIA | L SECURITY NO. | 17 INFORMANT | | ADDRES | | | |
| on ond | medico | | NO | | 46 1533 | CARLOS AL | EJO : | 3209 LAKE A | VE. BAL | TO. N | 1D. |
| hysicic popers | , th | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per line for (a), | (b), and (c)) | | J | | | APPROXI BETWEEN | MATE INTERVAL DNSET AND DEATH |
| phy on po | even | | | TE CAUSE (0) Cardi | opulmo | Janes Ar | mes t | | | 2 | hrs |
| th ce nding corb | ofic | | | DUE TO, OR AS A CON | ISEQUENCE OF | | | | | | |
| deo offe offe offe offe | 000 | | Conditions, if ony, which | (16) Card | ingenic | Shock | | | | 4 | hrs, |
| the rem | her | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CON | SEQUENCE OF | 11 | | | | , | |
| tho tho | 0 0 | | underlying couse lost. | | omyopo | | | | | | 4cars |
| signe signe hen pl | ny. | z | PART 2. OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTION | IG TO DEATH BUT | NOT RELATED TO T | HE TERMIN | NAL DISEASE OR COND | ITION GIVEN | N PART 110 | |
| req to The | <u>S</u> | CERTIFICATION | hepatic insc | | enal ins | officience | | | | | |
| n. nos be | 5 | FICA | 190. DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 3 | 200 AUTOPSY? | 206. IF YES, W | G CAUSES | OF DEATH? |
| N. The sysicion cote he ronsit p | 0 | RT | | | | 1 | | YES NO | YES [| | № □ |
| AN: obhys | 0 | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | 216. TIME OF INJURY HOUR A.M. MONT | H DAY YEAR | ZIE. HOW INJURY | OCCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I | OR PART 2) | |
| HYSICIA ding ph is certifi buriol-ti Mentol | le / | ICA | LIF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 19 | | | | | | |
| 4G PHY offendi ter this so the bin h and M | rked or | MEDICAL | 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK | 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC) | 211 LOCATION STREET | | CITY OR TOV | VN | COUNTY | STATE |
| ADIN Lor Lor Realt | s mo | | 220.1 certify that (I) (this hospi | | | 2 19 | 96 | _, to9/3 | . 19_ | 87. | that (1) (we) last |
| ATTER SSpirto SCTO d for | 7 | | sow the deceased alive an above. (1) we (did (did no | 9/2 t) view the body ofter death. | 19 86 , 01 | nd that in (my) (our) | opinion de | oth occurred on the da | te and hour on | d from the | couses stated |
| R h | He B | | 22b. SIGNATURE | 1 - | | DEGREE | | | | 22c. DATE | ŞIGNED |
| 15 16 0 | | | Edward K. | Kanper | | mm ATTEN | | MEDICAL STAF | | 9/2/ | 86 |
| O HOSPITAL etoined by the TO FUNERAL should be det with the Stote | Y I | | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | | 220. ADDRESS | Tok | 11 1 | Hosp | | |
| TO HOSE retoined TO FUNI should b | Ž | | EDWARD KA | SPER | | | Rai | 11 11 | 205 | | |
| of of sho | 3 | 23a E | URIAL, CREMATION, REMOVAL | 1 | 23c. NAME OF C | EMETERY OR CREM | ATORY | 1234 LOCATION | 30) | | |
| BP | | (| SPEBÜR I AL | 9/6/1986 | | EMORIAL G | | S HIALEAH | DADE | UNITY | ORDIA |
| | | | INERAL DIRECTOR | 7110 RFLA | IP ROAD | | | REC'D. BY REGISTRAR 2 | Sb. REGISTRAR | | |
| DHMH - 16 60M 7 | /84 | DI | PPEL FUNERAL HO | ME BALTO ME | 21206 | | | D 7 1096 | standi | | |

and the officer

| | | | | STATE OF MARYLAND | | |
|--|---------------|---|---------------------------------|---|--|--|
| 0-19530 | 1. | FOR - STATE REGISTRAR | D | EPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 2 4 8 5 |
| oge 3 deoth | | CEASED NAME FIRST Lakis | hia ANN | Alexander | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR 208 M |
| rector, po | 3 SE | Female | 1. RACE Black | S DATE OF BIRTH MONTH DAY YEAR 7 14 7 8 | 6. AGE (IN YEARS LAST BIRTHDAY) YRS | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| The state of the | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | WIDOWED DIVORCED | City. | TY OF DEATH MD. |
| 8 | 1 | Baltinace | SINAI A | tospital. | TYPE OF DE TO MOST OF WORKING | 12b. KIND OF BUSINESS OR INDUSTRY |
| | 130. | AL RESIDENCE IF NURSING HOME OR STATE Laryland 13b. COUN | OTHER INSTITUTION, GIVE RESIDEN | ORTOWN 13d INSIDE CITY LIMITS? YES NO 1 | 130 STREET ADDRESS / ZIR COL | vedere 21213 |
| | | Keuin | MIDDLE Alex | last Cander, Sr Shelly | MIDDLE | Gaines |
| Page 1 | | VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) [IF YES, GIVI | MED FORCES? 166 SOCI | AL SECURITY NO. 17 INFORMANT () | rander, Sr. 34 | 28 W. Belvaden |
| ruires that the death certific signed by the attending phy ten please remave carbanpa o burial, cremation, ar remavivry, or other traumatic even | 7 | Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last | DUE TO, OR AS A CO | | | IVEN IN PART I to |
| hos been permit. The permit. The permit of t | CERTIFICATION | 1/1e Mar /Ce | 196. CONDITION FOR | WHICH OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO N |
| SICIAN T ing physici certificate certificate uriol-transi tental Hyg | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | ITH DAY YEAR 19 211 LOCATION | RED (ENTER NATURE OF INJURY IN ITEM TO | |
| ENDING PHY of or attend of or attend use as the b Health and is marked or | W | WHILE NOT WHILE AT WORK 220-1 certify that (1) (this hospit | 01- | d from 1/26 , 19 80 | CITYORTOWN | . 19862 , that (I) (we) lost |
| TO HOSPITAL OR ATTEREDITED OF ATTEREDITED OF TO Should be definished for with the State Dept. of F. IMPORTANT: If Hem 21 | | sow the deceased alive on obove, (1) (ye) (did) (did noi 27b. SIGNATURE 27b. PHYSICIANISNAME (AVPEOLETING NAME (AVPEOLETING NAME) | 1) view the body after death | IY ond that in Imvi louri opinion | MEDICAL STAFF | DAY SIGNED |
| BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial | 10/2/86 | Woodlawn Cem. | Baltimore, M | COUNTY STATE |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 24. F | UNERAL DIRECTOR WM C March F/H 1 | West 4300 | Value | P 2 9 1986 | |

| 10-1 | 8006 | | FOR TEM STATE REGISTRAR | 17,Fil | ING U 2 | | | MENT OF | HEALT | | AENTAL | | | REG | 2 | 4 0 | 1 6 | 7 | 1 |
|--------------|--|---------------|-------------------------------|-----------------------------------|-------------|----------------|---------------|------------------|------------|---------------------|----------------|------------|--------------|----------------|-------------|------------|---------|----------|----------|
| 0 1 | 0300 | 1. DEC | CEASED NAME | FIRST | | | MIDDLE | | | LAST | | | 2a. DATE | 710 - | | INTH DA | AY YE | AR 2b | HOUR |
| | ₩~.68E | (TYPI | E OR PRINT | ROBERT | ח | | | | λт | EXAND | L, an | r. | Ur | ESTI- MATED | | | 198 | 6 | |
| | REGISTA | 3. SEX | | 4. RACE | S. DAT | E OF BIRTH | | 6. AGE (IN YE | ARS IF U | | THE | | 2c DATE | | MOI | 20 | | | HOU! |
| - 50 | NECESSARY, PLEASE FUNERAL DIRECTOR. ES FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESJON STREET, | M | | В | MONT | 041 | 64 YEAR | 22 YE | | THS DAYS | HOURS | MIN. | PRONOU | NCED | | 20 | 198 | 6 2 | :22 A |
| | STON | - | RTHPLACE (ST | | 7b. CIT | IZEN OF WI | | | | | | Y-, | 9. BALTIA | | Y OR CO | UNTYO | | | AN |
| | S S S S S S S S S S S S S S S S S S S | | REIGN COUNTRY | - | | U.s. | 0 | | | RIED N | EVER MARI | | | | | | | | |
| | N S S S | | aryland | | 11. NA | | | RSING HOME | | | | | UAL OCCU | PATION | TYPE OF W | ORK 12b. | KINDO | F BUSIN | MESS. |
| 17 | A HOUSE | | 7-1-i | | (IF I | NOT IN SUCH FA | CHITY, GIVE S | TREET ADDRESS) | | | | FOR | MOST OF WO | RKING LIFE | H | | OR IND | USTRY | |
| 10 | PON SON | | Baltimo | TE IN NURSING HOME | OR OTHER I | NSTITUTION, GI | K. FT | ederic | K AV | e. | | 1 1 | 01100 | рср | | | | _ | - |
| 1201 | 39438 | 13a S | | 136 CQU | NTY | - | | ORTOWN | | 13d. INSIDE | CITY LIMITS? | 13e STR | 9 Eas | ESS + Ric | a l h F | Stra | tee | 212 | 202 |
| ó | 三人名英克 | | aryland | l I | | | 1 | BAltimo |)Te | | NO L | | | O DIC | lare | 5016 | | 616 | -02 |
| * | # . E . E | 1 | FIRST | | MIDDLE | | | LAST | | | Barbar | | A | J. | | | Har | rie | |
| ORI | 20030 - | 16a V | Robert | EVER IN U.S. A | PMEDEO | DCES2 | | Alexand | | 17. INFOR | | a | | . ADDR | FSS | 2 | 1101 | 7 7 2 | |
| ALTIMOR | 最高語 | (YE | ES, NO, OR UNKNO | WH) (IF YES, GIV | E WAR OR D | ATES) | | 2868606 | | Ba | rbar | a J. | Harr | 207 | 100.9 | et En | B | ad] | e s |
| 2.5 | がを言る | | NO | E DE LYLLE | | - | | |) | 7101 | CIO I | er en en | nacı - | 2021 | OII. | - 0011 | 40000 | MATE IN | ERVAL |
| 15 | S S S S | 7 | PART I DE | F DEATH (Enter of ATH WAS CAUS | FD RY. | | | | | | | | | | | 6 | BETWEEN | INSET AN | D DE ATH |
| 8 | SEORS> | 210 | 1 52/6 | IMMEDI | | | | o-cere | | trau | ma | | | | | - | | | |
| 2 | N N N N N N N N N N N N N N N N N N N | | Candition | s, if any, which | | DUE TO, OK | A3 A CO. | 43EGOENCE (| | | | | | | | | | | |
| V. P | E CHANGE AND A SERVICE AND A S | -71 | | e to immediat | 5 | (b) | AS A CON | NSEQUENCE (| 25 | | | | | | | | | | |
| 7 10 | N. A. | -0 | lying cou | | | DOL TO, OK | AS A CO | 43EOUEINCE (| Jr | | | | | | | | | | |
| 55.2 | DE SE | | PART 2 DITHER CO. | SNIFICANT CONDITION | C CUNTERNIT | (c) | BILL MUT BEI | ATEN TO THE TERM | IMAL DICE | ACC D.D. CO. NO. V. | DI CHEN IN D | 402.3 | | | | | | | |
| ONC | STANGER STANGER | z | TAKE E DELICE SIC | AND TEAM I COMMITTED IN | COMINIO | TING TO BEATH | DOL HOLKEL | ATEO TO THE TERM | INAL DISEA | ISE DIE COMUITI | IDM GIFEN IM P | AKI I IQ . | | | | | | | |
| 980 | PAN AN A | CERTIFICATION | 19a. DATE OF | OPERATION | | 19h CONDI | TION FOR | WHICH OPER | ATION ' | WAS PERFO | RMFD? | | | | | 12 | 0 AUTO | PSV2 | - |
| TAL | E SHOULD MORD "P E CHEF BE USED NT OF HE BURIAL | FIC | | | | | | | | | | | | | | | | - | |
| 7 | THE STATE OF THE S | ERT | 21a EXTERNA | L CAUSE WAS | | 21b. TIME OF | | | 21c. 1 | HOW INJUR | Y OCCURR | ED LENTER | NATURE OF IN | JURY IN ITEA | A 18 PART 1 | OR PART 21 | YES 1 | Š1 V | 10 🗆 |
| 0 2 | SHOULD PARTMEN | | UNDERLYING | ©XOR NG □ CAUSE OF | C DE ATH | | | DAY YEAR | 3 | | | | | | | | 31 | | |
| OIS | SHOW SHOW | MEDICAL | 21d INJURY C | | | 21e PLACE | OF INJURY | | | destr | Tall S | LLUCI | c by i | HOTOI | . vei | TTCTE | - | | |
| D S | S S S S S S S S S S S S S S S S S S S | M | WHILE | NOT WHILE | | | TORY, FARM, E | IC.) | E-2 | STREET | la Dan | | CITY OR TO | | D-11 | COUNTY | 7-1 | | STATE |
| | STA PAR | | | | | stre | Part of the | | | 200 bl | K. FI | eder | LCK A | ve,. | Balt | .O. C | TTY | | MD |
| | #258#3 | 10 | 22a. I certif | y that Ltook cha | rge of the | remains do | | rea | Auto | psy K | Inspection | an L. | Inquiry | L., | and in n | ny opinior | n | | |
| - | ME WEEK | | death resulte | d fam Nat | urol cau | 14/2 | Agricient | X, Su | icide | Ham | nicide | Undet | termined m | anner | | | | | |
| | AN BERN | | ACTUAL / | 10001 | 111 | 1/ | 71. | 19/1 | 111, | | (SPECIFY) | _ | | | D | ATE O | -20 | 06 | |
| | PERSE S | 2 | SIGNATURE | Well | w | 4 | wing | 11/1/1 | My | ASS ASS | <u>istan</u> | LMED | OICAL EXAM | MINER | S | ATE 9 | -20- | -00 | |
| | MEDICAL CUTE THE RE A SHOI FUNERAL BR DEATH TIMORE, A | - | EXAMINER'S | NAME DE | ennis | F. S | mytlo, | M.D. | | | 111 | Penn | St., | Balt | 0., | MD | 2120 |)1 | |
| 100 | EXECUTE THE PAGE A SHOIL TO FUNERAL AFTER DEATH BALTIMORE. | 22a PI | TYPE OR PRIN | ION, REMOVAL | | | | NAME OF CEA | AFTERY | ADDRESS. | TORY. | 224 17 | DCATION | | | | | | |
| | | (5 | Burial | ION, REMOVAL | | 24/86 | | ulaney | | | ORY | CITY | OWSOL | , | | COUNTY | Mary | 1 an | đ |
| 07/84 25M | BP | 24 EI | INERAL DIREC | TOR | | | | | | | 250. DATE | DEC'D D | V DEC ICTO | | EGISTRA | | | 7 | ~ |
| | DHMH - 17 (VR A1S ME (S)) | V | Vm.C.Ma | rch Fune | eral | Home | Inc. | 1101 E | ast | North | AVSE | F23 | 1986 | grobe | | | | 254 | |

4300 Wabash Ave.

March F/H West

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

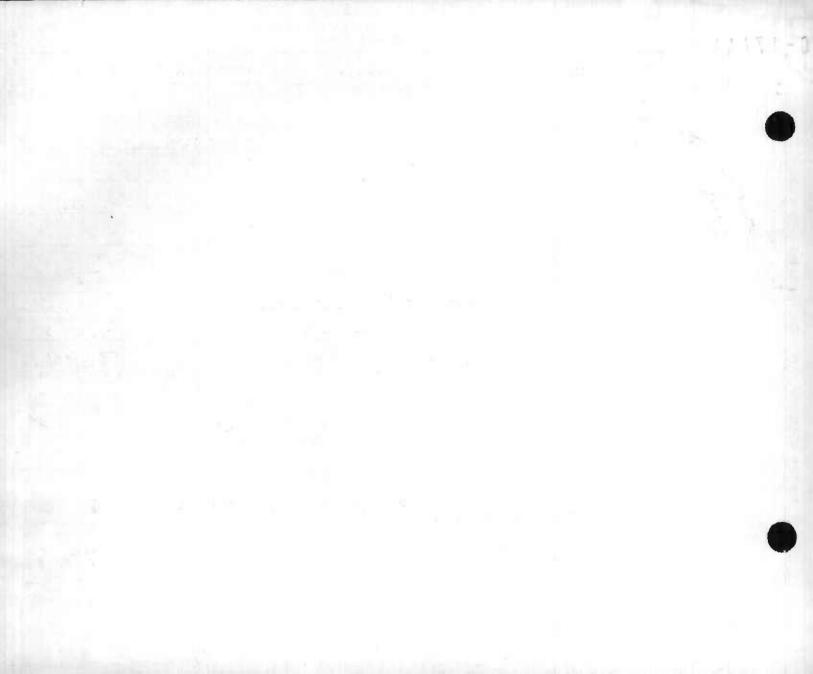
(VRA 15, 4)

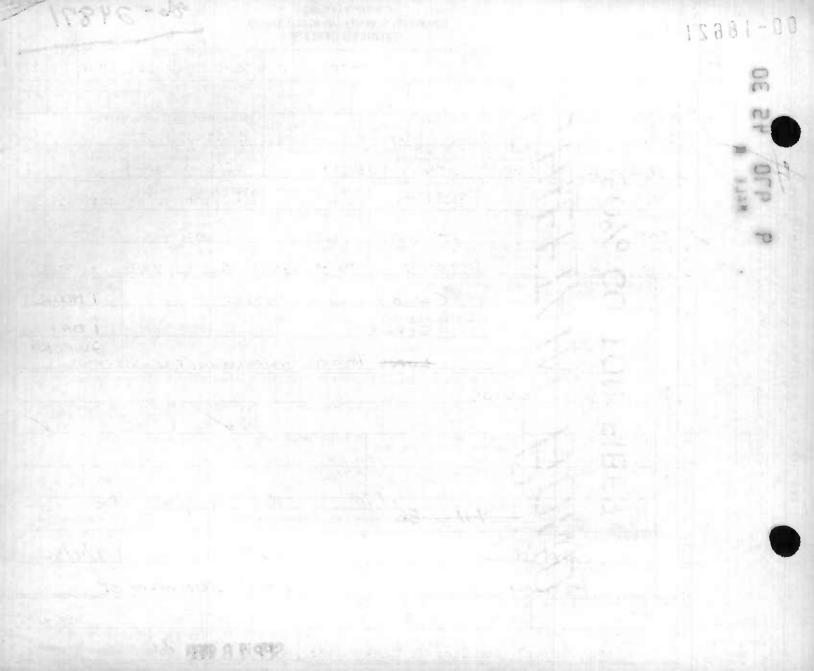
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO





| 0 - | 18269 | | 1 - | FOR STATE REGISTRAR | | | DE | PARTMENT O | HEALT | MARYLAND H AND MENTAL TE OF DEATH | HYGIENE | 8 6 REG. NO. | 4 | 2 4 | 6 / 2 |
|----------------------------|---|-----|----------------|--|--------------|-------------------|-----------------------------------|-------------------|----------|---|----------|--------------------------------|------------|---|---------------------------------------|
| | n 6.4 | | DEC (TYPE (| EASED NAME FIRST | 11. | | Guy | DNA | ers. | 201 | 2a. C | ATE OF DEATH M | ONIH | 15 86 | 7 35 p. |
| | may be page fer deat | | 3. SEX | Kaleig | 4 RAC | E | Guy | 5. DA | E OF BIR | | | GE (IN YEARS LAST BIRTHE | DAY) | IF UNDER I YEAR | R IF UNDER 24 HRS |
| | ectoi urs of | _ | | M Male | | ite | | | NIH | 26 06 | | 80 | YRS | | MOURS MIN. |
| | # 1F F | 3 | | OTHPLACE (STATE OR FOREIGN DUNTRY) Virginia | 7b CI1 | U.S | WHAT COU | MAR | | NEVER MARRIED DIVORCED | | Ballimore city or | | Y OF DEATH | |
| 1 | 1 | 77 | 0 CIT | Y OR TOWN OF DEATH | | AME OF | HOSPITAL, N | | WED X | HER INSTITUTION | 120 | USUAL OCCUPATION | N | | OF BUSINESS OR |
| 201 | 1/4 | 9 | _ | altimore, Mo LRESIDENCE (IF NURSING HOLAS | MA | SON | F. Lo | | Sivs | Hame | Ma | achinist | | | iation |
| AND 2120 | n 24 hp | 15 | Ma | aryland Ba | altin | | 13c CITY O | RTOWN | 13d YES | INSIDE CITY LIMIT | 5. | TREET ADDRESS / Z L4 Dorsey | Ave. | ×/21221 | |
| MARYL | mpletely ond 2 s | 30 | A FA | THER'S NAME FIRST James V | MIDDLE VILLE | .am | | erson | 15 N | NOTHER'S MAIDEN | NAME | Gertrud | le | Wor | ley |
| AORE, | execution on ond co | 2 | 60 W | AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) 1 IF YES | ARMED F | | | L8/9347 | | oris Hawk | re 180 | ADDRESS Ol Tyler R | | Ralto | Md. 2122 |
| SALTIA | ote be | | 51 | 18 CAUSE OF DEATH (Enter | only one | couse pe | | | 150 | JI ID TICWI | 10. | or rysect i | | | DXIMATE INTERVAL N ONSET AND DEATH |
| ST., E | ertific ng phy banpo remor | | | PART I. DEATH WAS CALL | IATE CAL | JSE (o) | the | moria | ,as | giration |) | | | 1 | 1/2 weeks |
| PRESTON | death of tending over contion, or | | | Conditions, if ony, which | 0 | UE TO, C | C | phasea | di | sfuncti | on w | ith refdu | × | w | ceka |
| ₹ | by the see remote tremother tr | | | gove rise to immediate couse (a), stating the underlying couse lost. | 30 | UE TO, O | | ISEQUENCE O | | | | | | | |
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| 1 | Spiro CTOP for of H | | sow the december alive or above (I) way old add no | it! view the body ofter a | 19 86.c | and that in (my) (our) apinion | death occurred an the de | ate and hour and fro | om the couses stated |
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| | DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | | ADDRESS | 25e DA | P 2 3 1986 | Mb REGISTRAR'S S | IGNATURE |
| | (VRA 15, 4) | | Anatomy E | Board | | o., Md. | 1 4 3 1300 J | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TTYPE OR PRINTS SEPT. 7,1986 3:00PM ARUGHETTI HELEN 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BIRTHDAY) JULY 2, 1904 FEMALE WHITE O BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY EGYPT USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSCLOTHING SEAMSTRESS" 524 N. CHARLES ST. APT. 701(2120 BALTIMORE 13e.STREET ADDRESS / ZIP CODE 524 N. CHARLES ST. #701(21201) 13h COUNTY 13d. INSIDE CITY LIMITS? BALTIMORE MARYLAND 4 FATHER'S NAME ARUGHETTI 15 MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MAURICE OFFIT SUITE 202 NO YES, NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 212-46-8251 1107 KENILWORTH DR. TOWSON, MD 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION 1 HOUR IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION GENERALIZED ARTHRITIS 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE DECEMBER JUNE 4 22a.1 certify that (1) (this hospital) attended the deceased from DECEMBER 13 sow the deceosed alive on ______DECEMBER 1. obove, (I) (we (did (did not) view the body after death. our opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 9/8/86 77e ADDRESS 14 E. EAGER ST. BALTIMORE, MD. (21202) W.H. TOWNSHEND 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BALTIMORE MARYLAND SEPT.10,1986 AITZ CHAIM BURIAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Rando Ma

DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-17836 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MUDDI 2a DATE OF DEATH MONTH 2b. HOUR LIYPE OR PRINTI Raymond Lee Asdenti 9 9 86 poge 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR ofter 29 EAR DAY5 Male White YRS 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Virginia Baltimore City U.S.A. WIDOWED DIVORCED TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 3722 Pennington Avenue Correctional Off. State of Md USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 1 13d INSIDE CITY LIMITS? Baltimore 3722 Pennington Ave 21226 Maryland YES K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN IDDITE LAST MIDDLE TAST FIRST Dominic Asdenti Mary Rose **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Pog 246-20-7020 Margarette Asdenti Same as 13e Korean physicio APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ocard; o IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate other couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. pleo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito CERTIFICATION 0 00759 prior 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ronsit per Hygiene ber NO YES | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH uto (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY 0 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) porked NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from. saw the deceosed olive on obove, (I) (we) (did) (did not) view the body after death. _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated of 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING" PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS d b shoul with t 0 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 9/13/86 Baltimore Md Burial Cedar Hill Cemetery A A

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR George (VRA 15, 4)

4001 Ritchie Hgwy Balto Md

258 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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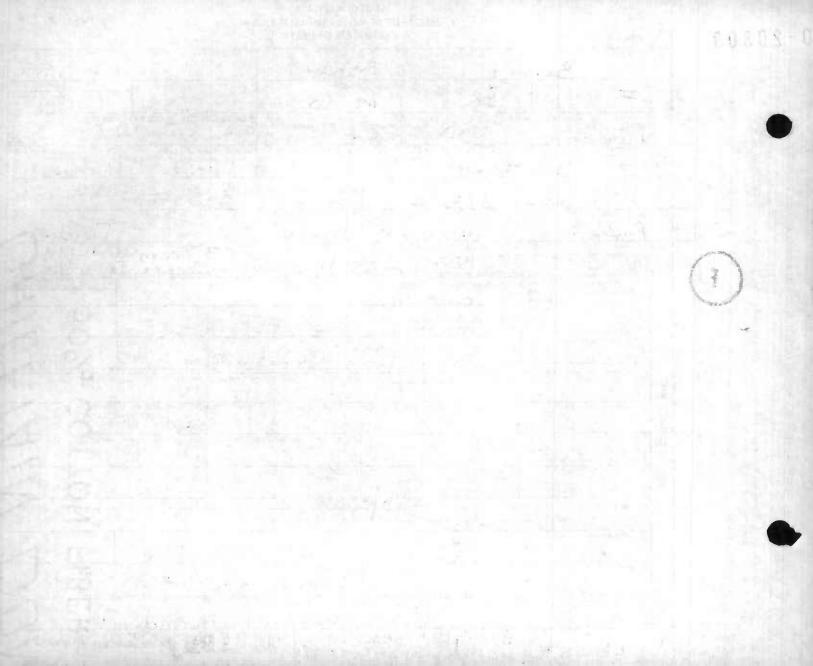
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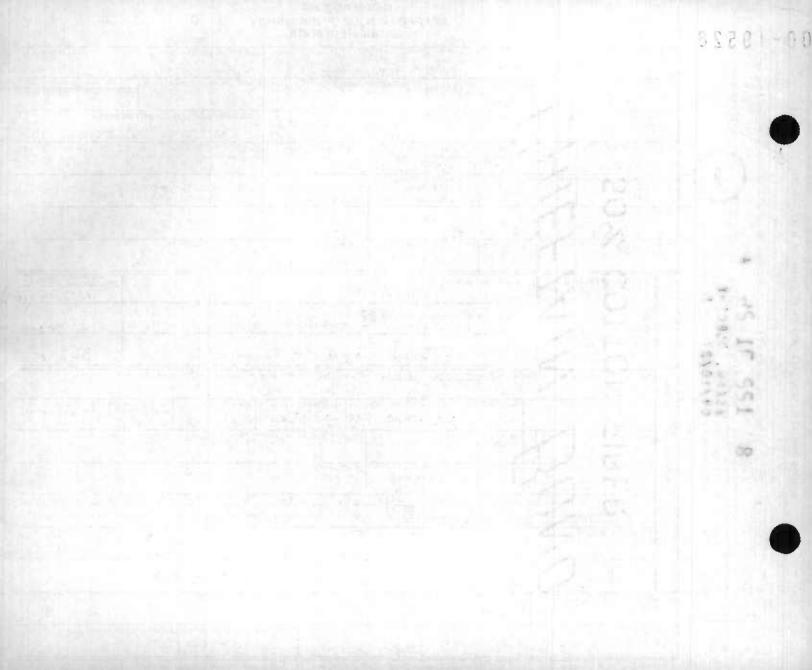
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| | STATE OF MARYLAND | 3 |
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| | 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE O | 1 |
| 0-20309 | REGISTRAR CERTIFICATE OF DEATH | |
| 20000 | 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26, HOUR | |
| ath 3 | (TYPE OR PRINT) | |
| noy be | 12021. 2 | M |
| E jā | 3. SEX S ARCE S DATE OF BIRTH AND AY YEAR ON THE DAY HOURS MIN MONTHS DAYS HOURS MIN | |
| ecto de sa o d | 57 25 63 83 YRS MONRY DATS MOUNTS MIN | |
| 0 - 50 · M | 70. BIRTHPLACE (STATE OR FOREIGN 7) CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH | _ |
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| hin hin | A FATHER'S NAME IS MOTHER'S MAIDEN NAME | - |
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| 5 0 | teter wanzer Mary lowler | ~ |
| NE xect | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 723 TOPPA | |
| BALTIMORE, core be exect or a part of the | NO 1579-07-0725 Mrs Shirlev Green Town M2/0 | 85 |
| ALT | 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) | = |
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| the remover the | gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF | |
| by by oth | underlying couse lost Penul Julie & de Intalia | |
| 301 ned b pleos urial, | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | = |
| DIVISION OF VITAL RECORDS, : NG PHYSICIAN. The fow require oftending physicion. Iter this centificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to burished or hem 18 shows any injury, | Z S S S S S S S S S S S S S S S S S S S | |
| OR in T | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 1 210. ACCIDENT WAS UNDERLYING 1216. HOW INJURY OCCURRED (ENTER NATURE OF NUMBER 13). PART 1 OR PART 2) | _ |
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| N OF VI | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| HYS dring or the or the | 216 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION | |
| VISA Trem The The ond ced o | | |
| DINO or o or | ALWORK — ALWORK — | _ |
| NS ol | 220.1 certify that (I) (this hospital) attended the deceased from | ost |
| Spit CCTC CTC M 1 for n 2 l | sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. | |
| OR A DIRE Sched Depti | 276. SIGNA IRE DEGREE 221. DATE SIGNED | |
| AL C The Dietoc | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | |
| PHT. | 22d. PHYSICIAN'S NAMB (TYPE OR PRINT) 22e. ADDRESS | _ |
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| TO MOSPITAL retorined by the TO FUNRAL! should be deto with the Store IMPORTANT: If | 1 0011/1 | |
| | 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION GIT OR TOWN COUNTY STATE | |
| BP | Burial Bethe/Cemeter Ulgandric Va | |
| DHMH - 16 60M 7/73 | FUNERAL DIRECTOR 3/1/N Party CVC St 250 OF RECO. BY REGISTRAR'S SIGNATURE. | |
| (VR A 15 (4)) | Lewis Funeral Hom Well 12 214 | 1 |



| + nn- | 19528 | 1 | FOR - STATE REGISTRAR | | | DEPART | MENT OF H | E OF MARYLAND LEALTH AND MENTAL HYP ICATE OF DEATH | GIENE 8 5 2 | 4 6 | 8 0 |) | |
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| 0 0 | noy be page 3 C I | | CEASED NAME DOY (ASKE | othy | | MIDDLE | / | Kew OROTHY) | | DAY YEAR | 26 HOUR | | |
| | tor, po | 3. SE | female | | 1. RACE black | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) 59 | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. | 5 | |
| after port Po | | | COUNTRY) Md | OREIGN | O CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY | | MI | | |
| | | | TITY OR TOWN OF DEAD BALTIMORE | TH | (IF NOT IN SUC | CH FACILITY, GIVE STREET | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Disabled. | 12b. KIND OF | BUSINESS OR | _ | |
| ND 212 | A CAR | せらし 13a. | AL RESIDENCE (IF NURSII STATE Md | NG HOME OR | OTHER INSTITUTION | | E ADMISSION) | 13d. INSIDE CITY LIMITS? YES XX NO | 138.STREET ADDRESS / ZIP CODE 3831 Seguoja Avenue | 21215 | | | |
| MARYLA | Paper of San | 14. F | ATHER'S NAME FIRST | ٨ | AIDDLE | WALKER | | 15. MOTHER'S MAIDEN NA | 1 | CO | le | | |
| IMORE. | Pages Pages | | WAS DECEASED EVER I (YES, NO OR UNKNOWN) NO | | MED FORCES? WAR OR DATES] | 214-22-28 | | 17 INFORMANT Deborah Askew | ADDRESS 3831 Sequoia Avenue | | | | |
| ST., BALT | ernfication of physical physic | | 18 CAUSE OF DEATH PART I. DEATH WA | AS CAUSE | y Dne couse per) BY: = CAUSE (o) | 11 / | DXICU | | | | MATE INTERVAL INSET AND DEATH | 1 how) | |
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| DIVISION OF V | HYSICIA nding his cent buriol-t d Mental | MEDICAL | OR CONTRIBUTING C. | AL EXAMINER) | P. 21e PLACE | | 19 | 211 LOCATION | CITY OR TOWN | COUNTY | STATE | - | |
| DIVIS | After Se os the morke | * | while NOT WHI AT WORK 220. I certify that (I) | к <u> </u> | ol) ottended th | REET, FACTORY, OFFICE. | Sept | 25th 1986 | . to Sapt 18 | 9/ | hat (I) (we) los | st | |
| | OR ATTEN e hospital DIRECTOR ched for u Dept. of He | | spw the decepse obove, (I) (we) (d 22b. SIGNATURE | | Sept . | | | DEGREE | death accurred an the date and hour | ond from the c | | _ | |
| | by the by the edeto Store ANT: H | | 22d PHYSICIAN'S NA | 1 - | PRINT) | | | 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/28 | 186 | mende | |
| | TO HOS | 23a | BURIAL, CREMATION, R | REMOVAL | 23b. DATE | | | SICU, JH | 23d. LOCATION | COUNTY | AMPATE | = | |
| 1 | BP DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | | 10/1/86 | I_I I_ ADDRESS | | lemorial Park | Arbutus TE REC'D. BY REGISTRAR 256 REGISTI | | MD ^{TE} | _ | |
| | (VRA 15, 4) | IAA | RCH"FUNERAL H | UYIE WE | 31 4300 W | labash Ave | nue | 3 | EP 2 9 1980 | | | | |



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| , 0 | 10000 | | REGISTRAR CEASED NAME | FIRST | MED | MIDDLE | EXAMINE | | LAST | TE OF DE | 2a DATE KNOW | G. NO. | H DAY | YEAR 2b. HOU |
| | ш. г. з го. ъ | | E OR PRINT) | DII | Town Start Gov | | | 21100 | T . T | | OF ESTI- | | | 100 |
| | FEASE ECTOR. FILES. STREET, | 11. SE) | | RACE | IS. DATE OF BIRTH | 1 | 6. AGE (IN YEAR | AUST | | UNDER 24 HRS | | MONTE | 4-86 19 | YEAR 24 HOLL |
| | ZZZ SEC | М | | В | 1 5 | 64 | LAST BIRTHDAY | MONTH | - | OURS MIN | PRONOUNCED | | | YEAR 24 HOU |
| | SAN SAN | 100 | RTHPLACE (ST | ATE OR | 76 CITIZEN OF WH | | | | | ¥ | 9. BALTIMORE C | | 14-86 19 | |
| - | 898 E | FC | REIGN COUNTRY) | | | | | MARRII WIDOW | ED NEVER | MARRIED A | Baltimor | - | | |
| - | ENG - | | ryland TY OR TOWN C | OF DEATH | U.S.a | | | | | | SUAL OCCUPATION | | K 12b KIND | OF BUSINESS |
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| WD. | | 14. F/ | THER'S NAME | | WIDDLE | | LAST | | 15 MOTHER'S FIRST | MAIDEN NAM | NE MIDDLE | | LAS | at . |
| | HA AA | 100 | Paul | | | | Austin | | Este | | | | Mcl | Bride |
| N N | Sag S | 16a, V | VAS DECEASED ES, NO, OR UNKNOV | EVER IN U.S. AR | MED FORCES? | | CIAL SECURITY | NO. | 17 INFORMAN | | | DRESS | | |
| BALTIMORE | A PAR | | No | | | 220 | 944996 | | Estell | Le Aust | in 2308 G | arrett | Aveni | ıe |
| | N. W. | | 18. CAUSE OF | TH WAS CALISE | nly one couse per line f | | | | | | | | APPR BETWEE | OXIMATE INTERVAL N ONSET AND DEATH |
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| 5, 201 | NO A PARA | | BAST & GIVES CO | | (c) | | | | | | | | | |
| OF VITAL RECORDS. | ULD BE EXECUTED "PENDING" IN PR EF MEDICAL EXAV SED AS A BURIAL- HEALTH AND MEI AI, CREMATION, O | NO | PART Z UTNER SIG | MIFICANT CUNUITIONS | CONTRIBUTING TO DEATH R | UT NOT RELA | TEO TO THE TERMIN | AL OISEASE | OR CONDITION GIV | /EN IN PART 1 rais | | | | |
| - R | PENDING PENDIN | CERTIFICATION | 19a. DATE OF | OPERATION | 196. CONDITI | ON FOR | WHICH OPERA | TION W | AS PERFORME | D? | | | 20 AU | TOPSY? |
| AT! | WORD "FE HE CHIEF N BE USED A BURIAL, O | I H | | | | | | | | | | | YES | NO D |
| OF. | | E E | 21e. EXTERNA | | ADJECT OF | MONTH | DAY YEAR | 21c. HC | W INJURY OC | CURRED (ENTE | R NATURE OF INJURY IN IT | TEM 18 PART 1 OR | PART 2) | |
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| DIVISION | DEPAING 3 SHO DEPAING PRIG | NED I | 214 INJURY O | | 21e PLACE O STREET, FACTO | F INJURY | (AT HOME, | | CATION TREET | | CITY OR TOWN | | COUNTY | STATE |
| ۵ | STA A A STA | * | AT WORK | NOT WHILE (| X . | | treet | | 800 blk | . Home: | | | | Maryland |
| | INER: THI ICATE, W FORWA TOR: PAC THE STAT | | 22a I certif | that I took char | ge of the remains desc | ribed oba | ve, held an | Autops | y X, In | spection . | Inquiry . | and in my | | - |
| | EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE: AARYLAND | | death resulte | d from: Natu | ral causes . | Accident | , Suice | ide . | Homicide | X . Und | etermined monner | | | |
| | EERT NE E | | | Ma | 0 - 1 | 111 | | | TITLE (SPEC | | | | | |
| | AL ALCONOMINATION | | ACTUAL SIGNATURE_ | 1004 | and in | ey | rell | M. | Assist | ant ME | DICAL EXAMINER | DAT | E NED 9-24 | 1-86 |
| | EDIC JIET A SI NOR WOR | | EXAMINER'S | JAME | 322 | | | | | | | | | |
| | TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AT FUNERAL DIRECTOR: PATER DEATH, WITH THE STINGRE, MARYLAND, 2 | | (TYPE OR PRIN | T) | Margarit | 01 114 | Korell | | | | PennStree | t | | |
| | 534544 | 23a.B | URIAL, CREMAT | ION, REMOVAL | 9/27/86 | | NAME OF CEME | | | 23d. I | OCATION | | DUNTY | STATE |
| 07/84 25M | BP | | | | 9/2//00 | 1 | Mount A | ubur | | | Baltimor | | | land |
| Z5M | DHMH - 17 | | NAME MON | | al Home In | . 1. | 101 Fcc | + 7/1 - | | CED 2 | REGISTRAR 25b | REGISTRAR'S | | |
| | (VR A15 ME (5)) | MIII | .c. Mar | il runer | ar nome in | C. L. | TUT Eas | C IVO | I CII HAE | OFFIC (| 1300 | The fact falls | al a | |

| 10-18156 | 1. | FOR STATE REGISTRAR | DEI | STATE OF MARYLAND PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT | | 2 4 8 8 3 |
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| oge 3 oferth 20 | | CEASED NAME FIRST | MIDDLE 4 RACE | A VESSEL 15. DATE OF BIRTH | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR 6 AM |
| ge 4 m ector., g | F | emale | Caucapiai | V 8 - 8 | 83 YR | MONTHS DAYS HOURS MIN. |
| 01135 | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF WHAT COULD | MARRIED L NEVER MARE | RIED BALTIMORE CITY OR COUP | ORE CITY MD. |
| . 45 | 10.C | BALTIMURE | | NURSING HOME OR OTHER INSTITUT | ION 170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN American Can. | 12b. KIND OF BUSINESS OR INDUSTRY Retired |
| AND 212 | USU/ | AL RESIDENCE (IF NURSING HOME OR STATE 134 COUR | 13c. CHY 9 | | - 1 7ACTO LICIAN | |
| MARYLL Selection | 14. F.A | THER'S NAME August | MODIE LA | | rietta | Pickett |
| IMORE, Popel | | VAS DECEASED EVER IN U.S. AR (ES. NO ORUNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIA (E WAR OR DATES) 21 2 | 15 SECURITY NO. 17 INFORMANT NO. 17 John Yos | ADDRESS st 804 Weatherbee Ro | d. 21204 |
| or physics on poper emoval. | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT | D PV | agestive heart | failure | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| STON S Seath ce | | Conditions, if any, which | DUE TO, OR AS A CON | MUOCANDIAL IN | faction | |
| har the c by the c are rema other tra | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CON | ISEQUENCE OF | | |
| RDS, 20 equires 1 squires 1 Then pie to burso rijury, or | NO | PART 2. OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTION | G TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR CONDITION | GIVEN IN PART Tra |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NO PHYSICIAN. The law requires that the death contracting physician. When this certificate has been signed by the attenting a os the bundle transmit permit. Then please remove carbon the and Mental Hygiene prior to buriot, cremation, as reasonable of them 18 shows any injury, or other fraumatic as reasonable. | CERTIFICATION | 190 DATE OF OPERATION | | WHICH OPERATION WAS PERFORME | YES NO NO IN CE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO |
| OF VIT | 1000 | 210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONT | CH DAY YEAR | OCCURRED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) |
| IVISION AGENTAL THE THIS THE BUILD OF THE BU | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | OFFICE, FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| TTENDIN Spiral or CTOR. A for use of Health | | 220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no | m /1/ | 19 86 and that in (my) (our | 9_86, to, to | haur and from the causes stated |
| AL OR A LOR | | 22b. SIGNATURE MICE | had me | GREE | NDING MEDICAL STAFF | 220 DATE SIGNED 9/16/86 |
| O HOSPIT TO HOSPIT TO FUNER TO FUNER WPORTAN | | 27d. PHYSICIÁN'S NAME (TYPE O | and that | 120 ADDRESS | MARITAN Hospital | 5 LOI LOCK RAVEN |
| BP | 23o E | SURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b DATE 9-18-86 | 23c NAME OF CEMPTERY OR CREM 1st United Ceme | tery Balto. | COUNTY SIME . |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FI | JOHN C. Miller | | DRESS lair Rd. 21206 | 250. DATE REC'D. BY REGISTRAR 256 REC | SISTRAR'S SIGNATURE |

| | | | | 11- | FOR STATE | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 4 8 8 4 |
|---|-----------------------|-----------------|--|---------------|---|---|
| 1 | - | 1 | 9679 | 1 | REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. |
| J | - | • | 00.0 | | CEASED NAME FIRST | MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26 HOU |
| | | | ET 88.5. 2. ET | - | BERNA | OI ESTI- |
| | | | S NEGESSARY, PLEASE THE PLEASE S ON OUR FILES. THE PLEASE THE PLEA | 3 SE | | 5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 7 1 1986 4:4. |
| | 0 | | NECESS | | IRTHPLACE (STATE OR) PREIGN COUNTRY) Md | 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED Baltimore City M |
| | | | SEGEN S | | or town of DEATH Baltimore | II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital I SABLEZ SABLEZ OR INDUSTRY |
| | .0010 | 21201 | AND | USU | | R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) |
| | 3 | WD. | H-18-87 | 14. F | ATHER'S NAME FIRST D SSAC | MIDDALE BALLEY IS MOTHER'S MAIDEN NAME MIDDALE BALLEY BALLEY BALLEY BALLEY BALLEY |
| | | BALTIMORE | HOURS AFTER DEATH SONG WITH FORM PM PM REWIT PAGES 1 AND REWIT PAGES 1 AND ALL | | WAS DECEASED EVER IN U.S. AR/ (ES, NO, OR UNKNOWN) (IF YES, GIVE | MED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO. 17 INFORMANT LSAC BAILES! RASTEN MI |
| a | 19 NOT3288 W 100 3780 | W. PRESIO | HOULD BE EXECUTED WITHIN 24 HOUR RED "PENDING" IN PENCIL IN ITEM 18, THEF MEDICAL EXAMINER ALONG W : USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. | NO | PART I DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse (o) stoting the <u>under-</u> lying couse lost. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TE CAUSE (o) Bronchial asthma DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) |
| | | ₹ | SHOULD E ORD "PEN CHIEF ME FEUSED AN TOF HEAL | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ▼ NO □ |
| | | DIVISION OF VIT | CERTIFICATE S TING THE WO SED TO THE C 3 SHOULD BE DEPARTMENT I PRICK TO BU | MEDICAL CERT | 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 6 | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21e PLACE OF INJURY 11 LOCATION |
| | ā | ā | THIS OF THIS O | × | WHILE AT WORK AT WORK | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| 7 | • |) | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNKER, DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIB BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, | | | e of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion of causes X, Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 7-1-86 |
| | | | TO MEDIC EXECUTE II PAGE 4 ST TO FUNER AFTER DEA | 720 0 | EXAMINER'S NAME And | M. Dixon, M.D. address 111 Penn St., Balto., MD 21201 |
| | 07/8 25M | | BP | | UNERAL DIRECTOR | 36 DATE 236. NAME OF CEMETERY OR CREMATORY PAIN, CREMATORY 236. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE |
| | | | (VR A15 ME (5)) | - | Toller +1 | A DASTON MA DET 12 RED |

| | 1. | FOR - STATE | DE | STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY | GIENE 8 8 2 | 4 3 8 5 |
|--|---------------|---|------------------------------------|--|--|---|
| -19675 | 1 DE | REGISTRAR CEASED NAME | VIN CLIF | CERTIFICATE OF DEATH | REG. NO. | AY YEAR T26 HOUR |
| oth 3 | | OR PRINT) | | | 9-11-8 | |
| moy be poge er deot | 3. SE | BAST X | 4. RACE | S ACCE. | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| ge 4 r | | Male | Black | 9/8/86 | YRS. | ONTHS DAYS HOURS MIN. |
| eoth. Po. 72 hour | 7a B | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COU | | BALTIMORE CITY OR COUNTY | OF DEATH |
| ofter de la | 1 | Baltimore | (IF NOT IN SUCH FACILITY, GIV | NURSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 12b KIND OF BUSINESS OR INDUSTRY |
| Se file | . เซรบ. | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE | CE BEFORE ADMISSION) | 1 | |
| The state of the s | 130. 3 | STATE 138 COUR | NIY I3, CITY O | R TOWN 138 INSIDE CITY LIMITS? | 13e. STREET ADDRESS 4 N. Franklin St | 21217 |
| 2 sh | 14. FA | ATHER'S NAME | MIDDLE | 15. MOTHER'S MAIDEN N. | AME | |
| 1000 | | 71131 | WIDDLE | Aretha | Baker | LAST |
| Poges (| | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIA | L SECURITY NO. 17 INFORMANT | ADDRESS | |
| Pog med | | TES. NO OR UNKNOWN) (IF TES GIV | VE WAR OR DATES! | Section 1982 In Large | | |
| person. | | 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE | nly one couse per line for (a), | (b , ond ic | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| emov emov even | | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) | AUENTRICULAR AND JUN | GESTA CLOWNSAMA | Hours |
| corbing n, or r | | | DUE TO, OR AS A CON | ASEQUENCE OF | | |
| move notio | | Conditions, if any, which gove rise to immediate | (b) HTALL | MEMBRANE DISEAS | E OF LUNGS | Hours |
| other | | couse (a), stating the underlying cause lost. | DUE TO, OR AS A CON | ISEQUENCE OF | | DATES |
| urioli v, or | | PART 2 OTHER SIGNIFICANT | | IG TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | |
| to b | NO. | SEPSII | | LOTUS ARTERIOSUS | MINAL DISEASE ON CONDITION SIVE | TA II TAKI NO |
| ony ony | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDINGS USED |
| ows ows | E | | | | YES NO YES | ING CAUSES OF DEATH? |
| frem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING "CAUSE OF DE | HOUR A.M. MONT | H DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT I OR PART 2) |
| Men or the | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 211, LOCATION | | |
| orked | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY | OFFICE, FARM, ETC) STREET | CITY OR FOWN | COUNTY STATE |
| feolf s mo | | 22a.1 certify that (this hospi | 61. | from 9/4 , 19 8 | 1 to 1/11 | 9, that w (we) lost |
| 21: | | sow the deceased alive on above, (Diwe) (did) (did) | 4/11 Ti view the body after death. | 19 _ , and that in (pp) (our) opinion | death occurred on the date and hour | |
| Hem | | 226. SIGNATURE | A A | DEGREE | | 22c. DATE SIGNED |
| T. F. | | Oterson A | · Var I man | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/12/12 |
| TANT: | 1 | 228 PHYSICIAN'S NAME (TYPE C | OR PRIN | 22e. ADDRESS | | 113/10 |
| With the | | डाराक्स भ. | PENRUM | ST. AGNES | HOPITAL SO | S. CAPONALE |
| B | 23a B | BURIAL, CREMATION, REMOVAL SPECIAL | 23b DATE 9/25/86 | NEW CATHEDRAL | BALTIMORE, MI | 0.21229 STATE |
| 1/81 HU | BBA | RD FUNERAL HOME | WILKENS AVI | E., BALTO., MD. | TE REC'D BY SEGESTAAR A LEGITOR | A SHADARE DE |
| | _ | | | 100 | 0-10- | · · |

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and the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE 00-19286 MEDICAL EXAMINER'S REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b HOUR TTYPE OR PRINTS ESTI-CRAND DIRECTOR.

OR YOUR FILES.

THIN 72 HOURS

RESTON STREET, D. Richard DEATH MATED Baker 24/19 86 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS 39 BIRTHDAY IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 9:48 DATE PRONOUNCED Jan. 28, 1947 Male White DEAD 24/1986 D M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City Md. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Optician (IFE) OR INDUSTRY Baltimore 5617 Greenhill Ave. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 13d. INSIDE CITY LIMITS? 13e. STREET OF Greenhill Avenue 21206 136 COUNTY Bal timore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Margaret George Sr. O' Connor Baker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 218-52-0824 Mr. George Baker Jr. Same CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Hypertrophic Cardiomyopathy IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION Arteriosclerotic Cardiovascular Disease, Obesity with Fatty LIver 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED USED 20 AUTOPSY? BURIAL, DIVISION OF VITAL YES XX DEPARTMENT NO. 210 EXTERNAL CAUSE WAS ICATE, WRITING THE W. FORWARDED TO THE TOR: PAGE 3 SHOULD B 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 2 Ie PLACE OF INJURY LATHOME 214 IN JURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNKRAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Natural cay Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9/25/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Sept. 29,1986 Dulaney Valley Cockeysville Balto. Md. 07/B4 BP. 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25AA 24 FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

(F | 7201, Fs. on C 1517 Green III Assemes 21206 Sommo 10. .T 192'm dr. borren thing dr. Bane Sept. 29, 1985 Dulous Valley Conterverile dairy Md. Lenniel V. Host Luc. Not Vanue, Money and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 26. DATE KNOWN X MONTH DAY (TYPE OR PRINT) OF ESTI-She Ldon Andre Baker 9/13/ 1986 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 9 + 20 PRONOUNCED B1k Male DEAD 13/19 86 PM To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Baltimore USA MD WIDOWED [DIVORCED Baltimore City, D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 2400 Blk. Maisel Court Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 130 STREET ADDASSERNO 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD Baltimore 511 Seleano Place 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Zenobia Hodge Baker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 219-70-3142 Zenobia Baker 2511 Seleano Place no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HIEF MEDICAL EXAMINER ALONG WINED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE OF HEALTH CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple (8) Gunshot Wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ICATE, WRITING THE WORL FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED. 1 THE STATE DEPARTMENT OF HE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XX MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 9 : 00 P.M. 9/ 13/19 86 subject found shot 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK street 2400 Blk. Maisel Court. City. Md Balto. Autopsy X 220. I certify that I took charge of the remains of scribed above, held on Inspection Inquiry Homicide X death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE Chief SIGNATURE 9/14/86 MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. Penn St. 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION SPECIFY)Burial STATE 9/19/86 Arbutus Memorial Glen Burnie 07/B4 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 17 Leroy O. Dyett & Son 4600 Liberty Hgts was Davidson Handale (VR A15 ME (5))

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 9.26.26 PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LTYPE OF PRINT should be ST. AGNES MOSP. 900 Cafon Ave Bultimore myl 0 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 9/29/86 St. Mary's Cemetery Illchester Howard 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR medican product MacNabb Funeral Home Catonsville, MD (VRA 15, 4)

26 HOUR

Home

21228

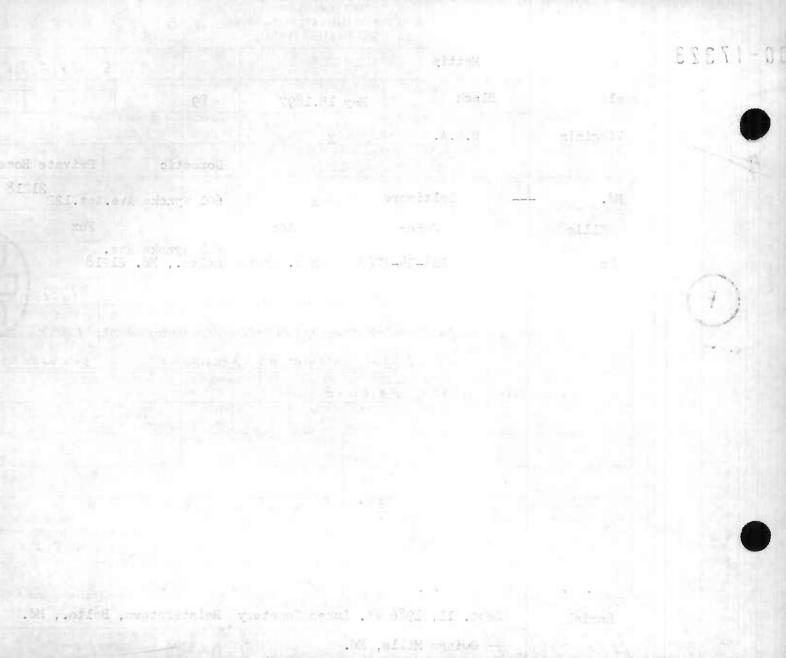
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IF UNDER 24 HRS

DHMH - 16 60M 7/84

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 26 HOUR deoth WILLIAM IF UNDER I YEAR O'S MALE BLACK **BALTIMORE CITY OR COUNTY OF DEATH** 7a. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH MUSP GAS+ ELECTRIC LABORER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13e. STATE 13L-COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 311 EDGEWOOD 3027 ST, 2/229 14 FATHER'S NAME SADIE 17. INFORMANT /103 N. BENTPAREOU STREET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 212-07-0867 EMMA+ROXELLE BALL BALTO, MO. 21216 WWITE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: LES OLULA DOLL IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF MACIGIANT METATTATIC W 020105010 Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 200 AUTOPSY? 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e/PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE HOI WHILE 22a.1 certify that (1) (this has alternated the deceased from saw the deceased alive and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated abave, (1) (we) (did) (did) 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NATAMA 23a BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 25/1986 ARBUTUS MEMORIALAK BALTIMORE, MO "NUTTER SONS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT DHMH - 16 60M 7/84 2501 GWYNNS FALLS PKWY, BALTO, MD, ZIZI6 (VRA 15, 4)

Total million 256



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-BANKS DEATH MATED V. JOYCE 9-24-86 19 FX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 1.8 DEAD 9-24-86 7:20a 10 49 36 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED Maryland U.s.a. O. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore North Charles General BUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 13b COUNTY 13d INSIDE CITY HMILS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland Baltimore YESX 807 Bethune Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST FIRST BALTIMORE John Banks Fmma 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISIO 219505944 Darrell Banks 807 Bethune Road CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. IMMEDIATE CAUSE (a) Chronic renal failure DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 21201 PRIGR TO BURIAL, YES & NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR LINDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR, PAFTER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2' X 220. I certify that I toak charge of the remains described above, held on Autopsy Inspection death resulted fram. Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 9-24-86 SIGNATURE EXAMINER'S NAME Margarita Korell M.D. ADDRESS 111 Penn Street TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY Burial 9/27/86 Lansdowne Maryland Mount Zion 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H Inc. 1101 East North Avenue (VR A15 ME (5))

| | 1 | FOR - STATE REGISTRAR | | DEPARTA | | IEALTH AND MENTAL HYG | REG. NO | 2 4 | 3 9 5 |
|--|---------------|--|-----------------|--|-------------------------|---|---|---|---------------------------------------|
| 8 6 3 8 | | CEASED NAME FIRST E OR PRINT) Harold | M. Barc | lav | 4 | AST | 20. DATE OF DEATH | month DAY YEA | R 26. HOUR |
| pag pag | 3 SE | | 4. RACE | Luj | S. DATE O | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | | EAR IF UNDER 24 HRS |
| ge 4 r | M | ale | Black | | Augu | st 24 1908 | 78 | YRS MONTHS DA | AYS HOURS MIN. |
| | 1 | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF W | VHAT COUNTRY? | MARRIE WIDOWI | D NEVER MARRIED D | Baltimore Ci | COUNTY OF DEATH | 1 M |
| 19 | W. | ITY OR TOWN OF DEATH | (IF NOT IN SUCH | OSPITAL, NURSIN FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF ACCOUNTANT | WORKING LIFE) INDUST | D OF BUSINESS OR IRY rk Estates |
| Confet to | 13a M | AL RESIDENCE (IF NURSING HOME OF STATE 186 COL | | ISC. CITY OR TOW Randalls | ADMISSIONI N town | 13d. INSIDE CITY LIMITS? YES NO X | 3801 Schnape | ZIP CODE er Dr Apt 326 | 21133 |
| 2 communication | 60 | ATHER'S NAME FIRST BORGE Nicholas Bard | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA FIRST Bessie Forres | MIDDLE | | LAST |
| . Pages | 16a | YAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? | 068-10-4 | | 17. MPSMATbuise I 3801 Schnaper | Barclay ADDRE or Dr Apt 326 Ra | | 21133 Maryland |
| is been signed by the of ermit. Then please remay e prior to burial, cremati § any injury, ar ather tra | CERTIFICATION | Conditions, if ony, which gave rise to immediate cause lat, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION | conditions co | ial Co | DEATH BUT | 1 | AINAL DISEASE OR CONF | DITION GIVEN IN PAR ZOB. IF YES, WERE FININ CERTIFYING CAU | NDINGS USED |
| certificate ha rial-transit pr ental Hygien Item 18 shaw | // | 7 g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | EATH HOUR A.M | A. MONTH DA | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | YES | NO [] |
| alth and Mer | MEDICAL | ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C | OF INJURY ET, FACTORY, OFFICE, F | ARM ETC) | 21f. LOCATION STREET | CITY OR TO | wn COUNTY | STATE |
| ched for use of Dept. of Healt Item 21 is ma | | 220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n | n_/// | Z_ 19 | 86. | DEGREE | death accurred on the do | 22¢ D. | ATE SIGNED |
| TO FUNERAL D should be detac with the State D IMPORTANT: If | / | 724. PHYSICIAN'S NAME (TYPE | | 280 | | 22e. ADDRESS | MEDICAL STAF | | 15.86 |
| should b | 732 | Harold Bob, | | 172. N | JAME OF | 7220 Park H | leights Ave. | Pikesvill | e, MD 212 |
| | В | urial | 9-18-86 | W | oodlaw | n Cemetery | Woodlawn | Baltimore | e Maryland |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | UNERAL DIRECTOR Loring 728 Liberty Road R | | | | Inc. 25a. 3 | EP161986 | 256 REGISTRAR'S SIGI | |

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Servicel 9/21/86 Headowether Act. Firsthy Boker Maryland Sony J. Janeisen 5695 Fals Bally Maryland Co. 21227 Act 6886 No. 2000 Co.

| 1 | # | 18, F1 | 1 mG 6 1 | 0 10 |)/3/86 | EPART | STA MENT OF | TE OF N | ARYLAN | ND ENTAL H | IVGIENI | erst or | | | | | | |
|---------------------------------------|---------------|-----------------------------|--------------------------|--------------|---|----------------|------------------|---------------|----------------|---------------|-------------|------------|------------------|---------------|--------------|----------|--|---------|
| | | STATE REGISTRAR | | | | | EXAMIN | | | CATEO | - 1 | OH (| D PEG | N2 | 4 | 8 | 9 5 | |
| 3488 | 1 DEC | EASED NAM | E F | IRST | | MIODLE | | | LAST | | 2 | 20. DATE | KNOWN | | NTH DA | AY YE | AR Zb. HC | UF |
| Marking | (149) | E OR PRINT) | Hea | ther | | Nico: | le | Ra | rker | | | Or | ESTI- H MATED | | 9/ 17 | 7/19 8 | 86 | |
| PLEA ECTO FILE HOUR STREE | 1.5EX | | 4 RACE | 5. | DATE OF BIRTH | YEAR | 6. AGE (IN YE | ARS IF UN | DER 1 YR. | IF UNDER | | 2c DAT | Έ | MÓN | VTH DA | | EAR 2d H | 201 |
| ONS ONS | 46 | male | Whit | ce d | 08 14 | 86 | Y | RS. 1 | B DAYS | Hours | | PRONOU | D | 9 | 9/ 17 | 7/19 8 | |) ^ |
| 語の月 | 7a. BII | RTHPLACE (S | | 76. | CITIZEN OF WH | | VTRY? | 8 MARRI | ED NE | VER MARRI | IED X | 9. BALTI | MORE CIT | Y OR CO | UNTYO | FDEATH | Н | |
| 9 | | Mary. | | 10 | USA | | | WIDOW | | DIVORC | | Bal | timo | re Ci | ity, | | | MI |
| 38 | | altino | | 11 | NAME OF HOS (IF NOT IN SUCH FAI Univers | CILITY, GIVE S | TREET ADDRESS) | | ER INSTITU | TION | FOR M | AL OCCI | DRKING LIFE) | (TYPE OF WO | ORK 12b | OR INDU | F BUSINESS USTRY | |
| 98 | 3a. S1 | L RESIDENCE | (IF IN NI II) | NOME OF OT | THER INSTITUTION, GIV | | OR TOWN | | 13d. INSIDE CI | ITY LIMITS? | 13e STRE | ET ADDR | RESS | 1 | | | | |
| 2 | _ | ryland | A | | | | Ltimore | | YES 🔀 | NO 🗌 | 1432 | Uni | on A | venue | 21 | 1211 | | |
| 20 | 14. FA | THER'S NAME | | M | IDOLE | | LAST | | 15 MOTHE | R'S MAIDE | EN NAME | | WIDDIE | | | LAST | | |
| | | rthur | | | P. | Ba | arker | | | rbara | | An | n | | Dix | | | |
| 1 | (YI | AS DECEASE | DEVER IN U | S. ARMED | | 16b. SO | CIAL SECURIT | Y NO. | 17. INFORA | | SJAN I | | ADDR | | | | | |
| 1/ | | No | 172-17 | | - | | | | Barba | ara Hu | ubbs | 855 | West | 36th | 1 Str | eet | 2121 | L |
| | | 18 CAUSE C | F DEATH (E | nter only o | ne couse per line | for (a), (b | | Infa | ntil | e Ap | nea | 53 | | | 8 | APPROXI | MATE INTERVA | L |
| ZZ Z | | PARTIDE | ATH WAS (| | CAUSE (o) | | Sudde | an In | fant I | Death | Synd | rone | | 16 | | | | |
| 689 | | | | | DUE TO, OR | AS A CON | NSEQUENCE | OF | | | | | | | | | | |
| RA | | | ns, if any, se to imm | | (b) | | | | | | | | | | | | | |
| ő | | cause (a) lying cou | stoting the | under- | DUE TO, OR | AS A CON | ISEQUENCE | OF | | | | | | 9 4 | | | 15 | |
| Z Z | | lying coo | se iasi. | | (c) | | | | | | | | | | | | | |
| CREMATI | - | PART 2 DTHER SI | GNIFICANT CON | DITIONS CONT | TRIBUTING TO DEATH I | BUT NOT RELA | ITED TO THE TERM | AINAL DISEASE | DR CONDITION | N GIVEN IN PA | RT 1 rg | | | | | 10 | | |
| 8 | CERTIFICATION | 9a. DATE OF | OBERATIO | N. | Transport | | | | | | | | 0'- | | | | CO. | |
| Z KAL | CA | 190. DATE OF | OPERATIO | N | 196. CONDII | ION FOR | WHICH OPE | RATION W | AS PERFOR | MED? | | | | | 20 | D. AUTOF | PSY? | |
| 3 | Ē | a) SYTERNIA | 1 CALICE VA | 146 | AU 7005 05 | | | | | | | | | | | YES [| ON | X) |
| 22 | | 210. EXTERNA | | | 11b. TIME OF HOUR A.M | | DAY YEA | R 21c. HC | OW INJURY | OCCURRE | D (ENTER N. | ATURE OF I | NJURY IN ITEA | A 18 PART 1 (| OR PART 2) | | | |
| 8 | CA | UNDERLYING CONTRIBUTION | | SE OF DEA | | | 19 | | | | | 8.09 | | 11 96 | | J.P. | | |
| 1 | MEDICAL | 21d. INJURY C | | 15 ~ | 21e PLACE C STREET, FACT | | | | TREET | | | CITY OR T | OWN | | COUNTY | 4111 | STA | TE |
| | | WHILE AT WORK | AT WORK | | | | | | | | 41.44 | | | | | | | |
| | | 22a I certi | fy that I tool | k charge of | f the remains des | cribed obc | ve, held on | Autop | sy 🔲 . | Inspection | X | Inquiry | v 🔘 | ond in m | ny opinion | 0 | | |
| 5 | | death result | | | . [7] | Accident | | icide | Homic | | | rmined n | | ٦, | , | | | |
| AR | | | | 5 | MAY | 1 | | | TITLE (SI | | | | J | | | | | |
| ≥ | | ACTUAL SIGNATURE. | | > | (1) | 1/ | | AA | | sista | nt | CALEYA | MINED | | ATE IGNED | 9/ | 18/86 | |
| NOW. | | | | - | | V | | ,,,, | | | ALD I | CALEXA | 72011143 | 2 K | GIAED | | | |
| BALTIMORE | - | EXAMINER'S (TYPE OR PRII | NAME (| Gregor | ry R. Ka | uffma | an, M.I | 0 | ADDRESS | 1 | 11 Pe | enn S | St. | | | | | |
| 8 | 23a.Bl | JRIAL, CREMA | TION, REMO | VAL 236 1 | DATE | 23c 1 | NAME OF CE | | | ORY | 23d. LOC | CATION | | | COUNTY | | | = |
| | 12 | Buri | al | 9 | /20/86 | C | edar H | ill C | emete | ry | Bal | Ltime | ore | | | arvl | and | |
| 7 | 24 FL | NERAL DIREC | TOR | | | | | | | 250. DATE F | | REGISTR | AR 256 R | EGISTRAF | | | A STATE OF THE PARTY OF THE PAR | 1. 1 |
| - 17 ME (5)) | A. | Δlan | C | | 3818 R | ol and | 7 7 | 27.27 | | 35 | P 1 9 | 198 | h | | Tal Scient | | | 1 |

| | | Item #18a, 11 | | STATE OF | MARYLAND | VOISNE | 7 |
|----------------------|---|---|------------------------------|--|-------------------------------------|---|-----------------------|
| 0 - | 19307 | 1-STATE XAM. G-621 REGISTRAR | , / Gbj | EPARTMENT OF HEAL | CERTIFICATE O | 2 6 | 2 4 8 9 7 |
| | . 5001 | 1. DECEASED NAME FIRST (TYPE OR PRINT) | | MIDDLE | LAST | 2ª DATE KNOWN X | MONTH DAY YEAR 26 HOU |
| | NAME OF | Jeauet | te | | Barnes | OF ESTI- | 9/ 24/19 86 |
| 2 | DURECTE NO. STREET | F B | 5. DATE OF BIRTH | | UNDER 1 YR. IF UNDER 2 | 24 HRS. 2c. DATE PRONOUNCED DEAD | 9/ 24/19 86 P |
| - | SAN SERVICE | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WH. | MA | RRIED NEVER MARRIE | | COUNTY OF DEATH |
| | (TOB) | III. CITY OR TOWN OF DEATH | | ITAL, NURSING HOME, OR C | | 120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) | |
| | 6038501 | Baltimore | | ity Hospital | | Housewife | |
| 21201 | NAME OF THE PARTY | 130 STATE Maryland | | 13c. CITY OR TOWN Baltimore | 13d. INSIDE CITY LIMITS? YES X NO 1 | 13e STREET ADDRESS 3218 Barclay St | ZIZIZIZI |
| RE, MD | EATH S | John John | MIDDLE | Good | 15. MOTHER'S MAIDER FIRST Martha | NAME MIDDLE | LAST Crump |
| IMO | SS PAGE | | MED FORCES? WAR OR DATES) | 166. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | |
| BAL | PAG NISK | NO 18 CAUSE OF DEATH (Enter onl | | 213368942 | Robert C. | Barnes 3508 Mar | ryvale Road |
| RECORDS, 201 W. PRES | CLID BE EXECUTED WITHIN 28 "PENDING" IN PENCIL IN INTERPORTED ALL EXAMINER ALLOSED AS A BURIAL - TRANSIT F. HEALTH AND MENTAL HYGIS AL, CREMATION, OR REMOV. | Conditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying cause last</u> . PART 2 DTHER SIGNIFICANT CONDITIONS | (b) DUE TO, OR A | AS A CONSEQUENCE OF AS A CONSEQUENCE OF JT HOT RELATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN PAR | T I (d.) | |
| LRE | PEN PEN HEA HEA AL, CI | 19a. DATE OF OPERATION | 19b. CONDIT | ON FOR WHICH OPERATION | I WAS PERFORMED? | | 20 AUTOPSY? |
| Z Y | T SEPTIME T | ET I | | | | | YES 🔀 NO 🗆 |
| DIVISION OF VITAL | HIS CERTIFICATE SHOULD WRITING THE WORD "PER AARDED TO THE CHIEF M AAGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA SIZOI PRIOR TO BURIAL, C | 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED WHILE NOT WHILE TO | DEATH 11:20% | MONTH DAY YEAR | | Struck by auto | RT I OR PART 2) |
| DIVIS | E, WRITIN RWARDED PAGE 3 STATE DE 21201 PI | WHILE AT WORK AT WORK | STREET, FACTO | DRY, FARM, ETC.) | STREET | Brd St., Balto. | City, Md. |
| | FICATE SE FOR THE STATE | 220 I certify that I took charg | | ribed obove, held an Aut Accident X, Suicide [| nspection Inspection | Undetermined monner , | in my opinion |
| • | AL EXAL HOULD B MALDINE IN. WITH. | ACTUAL SIGNATURE | M | | TITLE (SPECIFY) M.D. Assistant | | DATE SIGNED 9/25/86 |
| | TO MEDICAL EXECUTE THE PAGE 4 SHOL TO FUNERAL AFTER DEATH, BALTIMORE, N | EXAMINER'S NAME Gre | egory R. K | auffman, M.D. | _ADDRESS11 | l Penn St. | |
| | 534544 - | 230.BURIAL, CREMATION, REMOVAL 2 (SPECIFY) Burial | | 23c. NAME OF CEMETERY | OR CREMATORY | 236 LOCATION CITY OR TOWN | COUNTY STATE |
| 07/84 25M | BP | Burial 24 FUNERAL DIRECTOR | 9/27/86 | Arbutus | 1250 DATE DI | Arbutus | Maryland |
| | DHMH - 17 (VR A15 ME (5)) | Wm.C.March Funer | al Home In | nc. 1101 East | North Avenue | 2619867 | PIONATURE |

| 10100 | 1. | FOR STATE | DEF | PARTMENT OF H | OF MARYLAND EALTH AND MENTAL HYG | IENE 8 6 | 2 4 | 8 9 |
|--|---------------|---|--|-----------------------|-------------------------------------|----------------------------|--|----------------|
| 19189 | | REGISTRAR | | | ICATE OF DEATH | REG. NO |). | |
| may be page 3 ter death | 1. DE | OR PRINT) ROBERTA | MIDDLE | BAR | ENES | 9/20/86 | MONTH DAY YEAR | 26 HOUR 408A |
| ge 4 ma ector. po rs ofter o | 3. SE | F | RACE | S. DATE C | DAY YEAR | 6 AGE (IN YEARS LAST BIRTI | HDAY) IF UNDER TYEA MONTHS! DAY | |
| oth. Pag | | RTHPLACE (STATE OR FOREIGN) | USA | MARRIEI WIDOWE | NEVER MARRIED | Baltimore City OF Baltimo | | MI |
| 9 11 24 | | TY OR TOWN OF DEATH Baltimore | 11. NAME OF HOSPITAL, N [IF NOT IN SUCH FACILITY, GIVE Union Memor | URSING HOME C | R OTHER INSTITUTION | 12a USUAL OCCUPATION | | OF BUSINESS OF |
| 24 hours | Lin. S | AL RESIDENCE (IF NURSING HOME OR OTTATE 136 COUN | OTHER INSTITUTION, GIVE RESIDENCE | E BEFORE ADMISSIONS | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / | ZIP CODE Lex AVE | 21213 |
| d within npletely in a somine | - | THER'S NAME | NIDDLE LA: | | 15 MOTHER'S MAIDEN NA | | | LAST |
| o do do | | AS DECEASED EVER IN U.S. ARA | | SECURITY NO. | 17 INFORMANT | ADDRES | | * |
| n and Poges | (| ES NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 2-17- | 20-934 | Elaine M | 30 NY 14 | 23 DArl | F ₂ |
| requires that the seen signed by the recovery to burial, creation of the second creation, or other the recovery injury, or other | ATION | couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. | DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR W | <u>G TO DEATH</u> BUT | | | | |
| The low icion. The hos but the hos but grene progress shows or | CERTIFICATION | | | VHICH OPERATION | | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES [| NO [|
| SICIAN: ng physia certificot priol-fron tentol Hyg them 18 s | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH | H DAY YEAR | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2 |) |
| other this the bush ond M hond M hond M | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C | DFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOW | VN COUNTY | STATE |
| ATTENDIN hospital or RECTOR A hed for use spt. of Healt | | 220.1 certify that (1) (this hospite sow the decross of alive an above, (11) we) (did) (did not | of the deceased to the decease | 0/ | d that in (my) aur) opinion i | | | |
| or he che | | Catherine | marco, m | 1D ' | | MEDICAL STAFF | Le la | 20/8U |
| | | A A DO A | PRINT | | 22e ADDRESS | 117 | | |
| O HOSPI | | MACH | | | 1/1 | 11 | | |
| TO HOSPITAL retorned by the TO FUNERAL I should be deten with the Store I IMPORTANT. II | 23a. E | URIAL, CREMATION, REMOVAL BUT A | 236 DATE 9-25-86 | 23c. NAME OF CI | EMETERY OR CREMATORY H/// | 23d LOCATION SHY OR TOWN | nore COUNTY | nary lane |

And parties and the second of the second of

| 7 | 7GR. | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 8 6 | 2 4 8 9 9 |
|---|--|---------------|--|---|--------------------------|--|--|---|
| 2 | deuth 1 | (TYPE | EASED NAME FIRST ALVE | | BARI | | 20 DATE OF DEATH | MONTH DAY YEAR 28. HOUR 4 ZOAM |
| Dane & m | director, p | 1. SE | F | I. RACE B. CITIZEN OF WHAT C | MON MON | 1 16 | 6. AGE (INYEARS LAST BIR | IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN. |
| 400 | 1500 | | Md Md | USA | MARRI WIDOV | | 0-11 | none city MD. |
| - Photo | (1)4 | B | attimore ! | Pon Sec | GIVE STREET ADDRESS) | or other institution | 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O | |
| 24 he | y fillec should er mus | 13a S | AL RESIDENCE (IF NURSING HOME OR O | | Y OR JOWN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | Presbury ST |
| 1000 | nd2 | 14. FA | THER'S NAME FORMAS | G. | oode | Martia | MIDDLE | Crump |
| 9 | on and costs. | | (AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) 166 SO | 1-14-3717 | Robert Bas | rett 170 | o Braddish Ave |
| 9 | p physici an poper emavol. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | BY. A | a), (b), and (c).) | 1 metastatio | lung | PROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | he ottending emave carb emotion, ar r | | Conditions, if any, which gove rise to immediate cause (a), stating the | DUE TO, OR AS A C | | | | |
| 5 | ned by please pringl, cru | | underlying couse lost | (c) | | TANGE OF A PER AGAINST AFFINA | | |
| | t. Then pl | NOIL | PART 2 OTHER SIGNIFICANT CO | | | | | |
| The fact | nos bermine permine ws on | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FO | OR WHICH OPERATI | ON WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| S I A I | physical phy | _ | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | HOUR A.M. MC | Y ONTH DAY YEAR 19 | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART 2) |
| AHO CZ | attending fter this control of the burn hand Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJU (AT HOME, STREET, FACTO | | 21f LOCATION STREET | CITY OF TO | OWN COUNTY STATE |
| TTENDE | spital ar CTOR: A far use of Healt | | 22a I certify that (I) (this haspite saw the deceased alive on_ above, (I) (we) (did) (did not | 917 | 10861 | and that in (my) (our) apinion of | death occurred on the d | ote and hour and from the causes stated |
| J ad la | y the har RAL DIREC detached ote Dept | | 27b. SIGNATUR | Sofrey | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | |

231. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

March Funeral Home West 4300 Wabash Avenue

23b. DATE

9/13/86

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burital

24 FUNERAL DIRECTOR

23d LOCATION
CITY OF TOWN
Landsdown Md 254 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN TORFLOOD

COUNTY

71 410 The Atlanta of the State have government to

| -1810 | 8 | 1- | FOR STATE REGISTRAR | | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH | HYGIE | NE 8 6 | 2 | 4 9 | 0 0 |
|---|--------------------------------|---------------|---|-------------------------------------|---|--|---------------|---|---------|---|----------------|-------------------------|---------------------------------|
| | | | EASED NAME | FIRST | MI | DDLE | ı | AST | 2 | o. DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| by be | | (1111) | C | ECELIA | | | BAR' | FYNSKI | \$ | EPTEMBER | 12, | 1986 | 10:45A |
| E | | 3. SE: | | 4 RACE | | | 5. DATE C | | 6. | AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER 1 YEAR | HOURS MIN. |
| Poge 2 | 1 | _ | emile | | ite | | May | 30 1926 | | 60 | YRS. | | |
| death. Po | X | | RTHPLACE (STATE OR FOUNTRY) | | SA SA | /HAT COUNTRY | % MARRIE | NEVER MARRIED DIVORCED | 7 | Baltimore City of | - | | MC |
| s ofter d | 2 | b | ty or town of DEA Ltimore | | | OSPITAL, NURSI FACILITY, GIVE STREE HOAPLECE | | PR OTHER INSTITUTION | - 1 | 20 USUAL OCCUPATION TOWNERS OF WORK FOR MOST OF | | 12b. KIND O INDUSTRY | F BUSINESS OR |
| n 24 hour | | 13a S | Md. | NG HOME OR OTHER IN: 13b. COUNTY | STITUTION, G | Bato. | RE ADMISSION) | 13d. INSIDE CITY LIMITS YES MO | | STREET ADDRESS / | ZIP CODE | lve. 2 | 21224 |
| ompletely gnd 2 st | exomine | | THER'S NAME FIRST | MIDDLE | | Phillip | 14 | 15. MOTHER'S MAIDEN | NAME | 2 | | | |
| ond bo | o lo | 16a V | AS DECEASED EVER | IN U.S. ARMED FO | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRE | SS | | |
| be exe | e e e | | 0 | | | 406-30 | 2-6323 | Edward J. | Ban | tyrski | 31 1 | . Luzei | me ilve. |
| ires that the death ce gned by the attending in please remove carbo burial, cremation, or in | ory, or other traumonic event, | z | Conditions, if any, gove rise to imm couse (a), statin underlying couse | which nediote g the lost. | SE (a) CP SE TO, OR (b) PF SE TO, OR (c) CP | AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO | DENCE OF ACUS | TE INFERO- MYOCA | ARD | IAL INFAF | | | 0 |
| red t. Th | | TIO | MA DAVE OF OBERA | ioni lin | | ABETES | | JITUS N WAS PERFORMED | | 20g AUTOPSY? | Table IF VE | S, WERE FINDI | 100 |
| The low ration. e hos bee int permit. | 2 | CERTIFICATION | 190 DATE OF OPERAT | | | | HOPEKATIO | | | YES NOTO | IN CERTII | YING CAUSES | NO [|
| 4 4 10 | 9 | | 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI | AUSE OF DEATH | OUR A.M P.M | MONTH [| DAY YEAR | 21c. HOW INJURY OCC | CURRE | O (ENTER NATURE OF INJUR | Y IN ITEM 18 F | PART I OR PART 2) | |
| 1 6 6 - | morked or | MEDICAL | 21d INJURY OCCURR | ILE [AT | PLACE O | F INJURY ET, FACTORY OFFICE | | 21f LOCATION STREET | | CITY OR TOV | VN | COUNTY | STATE |
| TTEN portol TOR: for us | 0 Z 1 12 MO | | | this hospital) attended only on SEP | TEME | deceased from SER12 19_ | 86 | eMBER12 19 8 and that in (my your opin | nion de | oth occurred on the do | | 19 | that (we last couses stated |
| 0 9 0 0 0 | | | 22b. SIGNATUR | E. Jame | N | | | | N DI | MEDICAL STAF | IAN | 22c. DATE | SIGNED |
| FU F | A L | | E. J. | AMES M. | D. | | | 22. ADDRESCHUR 100 NORTH | | | | | MD.2123 |
| BP | 3 | | URIAL, CREMATION, SPECIFY) Buria | | DATE 16-19 | | | emetery or cremato | ORY | Balto. | | COUNTY | Md. STATE |
| DHMH - 16 60M 7 (VRA 15, 4) | /84 | 24 F | WERAL DIRECTOR | Worker | 1 521 | ADDRESS | 401 5. | (hester | SEP | REC'D. BY REGISTRAR | ISIN REGIST | RANS SIGNAT | M-SCORE - |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | 1- | FOR STATE REGISTRAR | DEPART | 4 7 1 | 1 | | | | |
|----------|---------------|---|---|-----------------------------|-----------------------------------|---|-------------------|------------------------------|------------|
| | | CEASED NAME FIRST | MIDDLE | | A51 | 2a. DATE OF DEATH | MONTH DAY | YEAR 2b H | OUR |
| | (1172 | STANISLAUS | WALTER | | BARZAL | Sept | ember 0 | 7, 1986 | 7 Hm |
| 3 | 3 SEX | (| 4 RACE | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | HDAY) IF U | TOCK TEAK II DIT | DER 24 HRS |
| | | Male | White | THOM | 03/28/25 | 61 | YRS | THS DAYS HOU | MIN. |
| j | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| free all | | Maryland | USA | WIDOW | | Balti | more Ci | ty | MD. |
| | 1 | TY OR TOWN OF DEATH Baltimore | | th Lir | or other institution awood Avenue | 170 USUAL OCCUPATION OF WORK FOR MOST O COURI | F WORKING LIFE] | 12b. KIND OF BUS INDUSTRY | INESS OR |
| 5 | 130 S | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFOR | e admission) VN imore | 134 INSIDE CITY LIMITS? | 13. STREET ADDRESS . Li | ZIP CODE INWOOD I | ven21224 | |
| | 14 FA | THER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | ME | 1:77 | LAST | |
| 2 | 123 | James Stani | slaus Barzal | | Mary | Adamczyk | | LASI | |
| | 160 V | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | | 17 INFORMANT | ADDRE | | | |
| | | YES, NO OR UNKNOWN SES WW2 | E WAR OR DATES) 219–18 | -6117 | Michele | Barzal | 150 Sta | ta Road | |
| | NO | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE (b) VCSCUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | JENCE OF | NOT RELATED TO THE TERM | inal disease or coni | DITION GIVEN | IN PART 110 | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFYIN | ERE FINDINGS U | EATH? |
| 7 | MEDICAL CERTI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1/F EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | P.M. | OAY YEAR | 216 HOW INJURY OCCURR | YES NO | YES [| | |
| | MED | WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | FARM ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| | | sow, the deceased alive an above, the vertical and so the SIGNATURE | 200 | 86,0 | | MEDICAL STAF | ote and hour or | 22c DATE SIGNI | stated |
| 1 | | MARK | EISNER M | 0 | | 1940 Ec | estee. | · Au | 2 |
| | | SURIAL, CREMATION, REMOVAL SPECIFY) Burial | 9/10/86 Md ^{23c} | NAME OF C | emetery or crematory | Garmison, | Balto.Co | Duty | STATE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept of Health

24 FUNERAL DIRECTOR Chass. S. Zeiler & Son Inc. 6224 Fastern Ave.

me handoon-yonder

| 7077 | 1- | FOR STATE REGISTRAR | ı | DEPARTMENT OF H | EALTH AND MENTAL F ICATE OF DEATH | HYGIENE 8 6 | 2 4 9 0 2 | |
|----------------|---------------|---|--|-------------------------|--|------------------------------|--|-----|
| | | CEASED NAME FIRST | MIDDLE | ı | AST | | MONTH DAY YEAR 26. HOUR | • |
| deoth deoth | (111PE | OR PRINT] MYRTI | E B. | | BATES | Sept 3 19 | 186 4:45 M | |
| b der d | 3. SE | | 4. RACE | 5 DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | MONTHS DAYS HOURS MIN. | |
| 13.85 | | FEMALE | white | MONTH 7 | 22 09 | 77 | YRS. | |
| 2 300 | 7a. BI | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT CO | OUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | - |
| 35 | N | Maryland _ | U.S.A. | WIDOWE | | Bo | Homes City MD. | |
| 3 | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | | |
| 7 | 1 | Soltimore | 1 1 1 | Limore) | Gar Horn. 7 | Homemaker | | |
| 3 | | | AE OR OTHER INSTITUTION, GIVE RESIDE | OR TOWN | 13d. INSIDE CITY LIMITS | | | * |
| 75 | | aryland _ | | imore | YES NO' | 2525 Dulan | | |
| - | | ATHER'S NAME | | 1467 | 15. MOTHER'S MAIDEN | | | |
| 40 | 100 | Raymond | MIDDLE B. | Wilson | Leona | T. | Markins | |
| 87 | | VAS DECEASED EVER IN U.S. | . ARMED FORCES? 166 SOC | IAL SECURITY NO. | 17. INFORMANT | ADDRE | SS | - |
| 1 | 1 | YES, NO OR UNKNOWN) (IF YES | S, GIVE WAR OR DATES) | -10-4183 | Vera Pertic | cone 2525 Dula | any St. 21223 | |
| 6 | | | er anly one cause per line for to | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | - |
| 1 | | PART I. DEATH WAS CA | USEĎ BY: DIATE CAUSE (a) C A 2 | disoulr | monari Di | 2 R-5h | | |
| 9 4 9 4 | | IMMEI | | 4 | Control of the contro | | | - |
| | | Canditions, if any, which | DUE TO, OR AS A CO | 1 1 - | hreast | CARCINOM | | |
| 4 5 | | gave rise to immediate cause (a), stating the | | | DIV 40 V | | | - |
| of o | | underlying cause last | | ONSEQUENCE OF | | | | |
| 0 | | PART 2 OTHER SIGNIFICAL | NT CONDITIONS CONTRIBUT | ING TO DEATH BUT | NOT RELATED TO THE TI | ERMINAL DISEASE OR CON | DITION GIVEN IN PART 11a | = |
| 1 | NO. | | | | | | | |
| 1 6 0 | CERTIFICATION | 90 DATE OF OPERATION | 1%. CONDITION FO | R WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | - |
| 0 | E | | | | | YES NO | YES NO | |
| 10 | 18 | 210. ACCIDENT WAS UNDERLYING | 110110 4 41 4401 | | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART 1 OR PART 2) | - |
| 14 | 3 | OR CONTRIBUTING CAUSE O | DEMINI | 19 | | | | |
| 6 / | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJUR | | 21f. LOCATION | CITY OR TO | WN COUNTY STATE | |
| 1 | 2 | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTOR | RY, OFFICE, FARM, ETC.] | SINCE | | | |
| 10 | | 22a.1 certify that (I) (this h | aspital) attended the decease | ed fram 200 | 2 , 19 5 | 6 , to 30, 50 | , 19 5 , that (I) (we) last | - |
| 2.0 | | saw the deceased alive | e an 3 d nat) view the bady after dea | 19 8 6,01 | nd that in (my) (aur) apin | ian death accurred an the do | ate and haur and from the causes stated | |
| 10.1 | | 72b. SIGNATURE | a nar view majoday after dea | | DEGREE | | 22c. DATE SIGNED | - |
| S S | | N-00 00 | Dun D. ma |) | ATTENDING PHYSICIAN | MEDICAL STAF | 1AND 8-93 1996 | |
| TAN | 1 | 22d. PHYSICIAN'S NAME (T | | | 22e ADDRESS | U DIRECTOR (E) TITISIC | 1986 | - |
| 1 MPORT | | Hann | Bles math | | 39015 | HAN OVER | 51 Rali 2 212 | |
| 3- | 23a I | SURIAL, CREMATION, REMO | Blum = wthol | 1234 NAME OF C | EMETERY OR CREMATOL | - 0 11- | 7+ DOIS MEDS MD 315 | - X |
| | | (SPECIFY) | | | | CITY OR TOWN | e Maryland | |
| | 24 FI | Burial JNERAL DIRECTOR | 9/6/86 | Loudon | Park Cemete | | 25b. REGISTRAR'S SIGNATURE | - |
| A 7/84 | | NAME | l Homo Tha / | ADDRESS Wilke | 1229 | SEP 5 1986 | rivas Liturason-Mandales | |
| 1) | H | ubbard Funera | I Home, Inc. 4 | TO / WITKE | IIS AVE. | () 1960 | LICHTON POLICY (1970) VIOLENCE | |

| | | | FOR | | | DERART | | | ARYLAND | | uraje) | 2 | 13 | 4 | 1 1 | |
|--------------|--|-----------------------|--------------------------|--|--|-------------------|--------------|-----------|------------------|-------------|--------------------------|----------------|-----------------|-----------|--------------------------|-------------|
| nn- | 18248 | 1- | STATE | | ME | | | | ERTIFICA | | | 0 | Em | 4 | y | () |
| 00 | 10749 | | REGISTRAR CEASED NAME | FIRST | 7716 | MIDDLE | LAAMII | IEK 3 | LAST | ATE OF L | | REG. | - | TH DAY | YEAR | Zb. HOUR |
| | W = 4 E = | {TYP | PE OR PRINT) | (Natha | niel | Nath | ian | Ba | ttle | | OF DEAT | ESTI- | | 9-15 | 19 86 | 1000 |
| | PLEASE ECTOR R FILES HOURS STREET | I. SEX | (| 4 RACE | S DATE OF BIRTH | | 6. AGE IN YE | ARS IF UN | IDER I YR. IF | UNDER 24 H | IRS 2c DA | TE | MONT | H DAY | YEAR | 2d HOUF |
| | F35587 | - | male | black | 5 10 | 1916 | 70 Y | RS. MONTH | HS DAYS H | OURS MIN | PRONO DE | UNCED AD | 9 | -15 | 1986 | 5:10 5:0 |
| - | MITHIN PRESTO | 7a B | IRTHPLACE (ST | ATE OR | 76. CITIZEN OF W | HAT COU | | B. MARRI | ED NEVER | R MARRIED | 9. BALT | IMORE CITY | OR COL | JNTY OF | | |
| | And the last the same of the last the l | | GA GA | | USA | | V-11-14 | WIDOW | /ED X | DIVORCED | □ Bal | timore | e Cit | -У, | | WE |
| | WERREN A | ID. C | ITY OR TOWN | OF DEATH | 11. NAME OF HO | | | E, OR OTH | ER INSTITUTIO | DN 120 | FOR MOST OF W | ORKING LIFE) | TYPE OF WOR | 0 | ND OF BUI | Y |
| | ADA HS | | Baltimo | | Univers | | | | STU | | Ret | ired | | _ | struct | ion |
| 1212 | S AND S | 13a S | TATE Md | 13b. COU | | Balt | OR TOWN | ION) | | | STREET ADD | cMechen | Stree | et Apt | 21217 825 | |
| FR. NO | A HANDER | 14. F/ | Will | | MIDDLE | Da | avis | | Rosa | S MAIDEN N | AME | WIDDIE. | | Ba | ttle | |
| W O | SECOND / | 16a V | VAS DECEASEI | EVER IN U.S. AI | RMED FORCES? | | CIAL SECURIT | Y NO. | 17. INFORMAL | | | ADDRE | | | i c | |
| BALTIMOR | JRS AFII 3. GIVE WITH F 1. PAGE DIVISIO | | NO | | | /11- | 12-0717 | | Linda Bo | owser 15 | Walden | Holley | Cour | ^t | | |
| | MIT. WIE, DI | 7 | 18 CAUSE O | F DEATH (Enter o | nly one cause per lin ED BY: | | | | | | | | | | PPROXIMATE WEEN ONSET | |
| NO | 24 H LONG PER GIEN | 1 | 820 | MMEDIA | 0 | | Traum | | Head | | | | | - | | |
| PRESTON ST | EMC EMC EMC EMC | | | s, if ony, which | | | 13EGOENCE | | | | | | | | | |
| 3 | FED WITHING KAMINER AL-TRANS MENTAL F | | couse (o) | e to immediate stating the <u>under</u> | | AS A CO | NSEQUENCE | OF | | | | | | | | |
| 201 | EXA EXA ON, | | lying cou | se last. | (c) | | | | | | | | | | | |
| RDS | EXEC NG" CAL A AN | | PART 2 OTHER SH | INIFICANT CONDITION | TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D) | | | | | | | | | | | |
| RECORDS | PENDING, MEDICAL AS A BU EALTH AN CREMAT | S N | | | | | | | | | | | | | | |
| VITALR | HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ARDED TO THE CHIEF MEDICAL EXAMINER ALONG W SANDULD BE USED AS A BURIAL-TRANSIT PERMIT. ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | MEDICAL CERTIFICATION | 19a. DATE OF | OPERATION | 196 COND | ITION FOR | WHICH OPER | N MOITAS | 'AS PERFORME | D? | | | | (h | ead C | nly) |
| O. | ATE WEN WEN SEN | CER | 210 EXTERNA | X OP | 216. TIME O | F INJURY MONTH | DAY YEAR | 21c HC | OW INJURY O | CCURRED (E | NTER NATURE OF | INJURY IN ITEM | 1B PART 1 OF | | | |
| NO NO | SAR SOLD STAND | ICAL | CONTRIBUTIE | NG CAUSE OF | | A. 9- | 12 1986 | 5 pe | destria | an str | uck by | bicyc | cle | | | |
| DIVISION | SCED STATE | MED | 21d INJURY C | NOT WHILE X | | TORY, FARM, I | | 5 | TREET | | CITY OR | | | COUNTY | | STATE |
| | | 3 | | | | | only | | blk. 1 | Presst | man St | ., Ba. | lto., | Md. | | |
| | SE S | | | | ge of the remains de | | | Autop | 4. | nspection L | J. Inqui | | ond in my | opinion | | |
| | AAMI RECT ITH RECT | | death results | Note | ural cours | Accident | XX | Cole L | Homicide | | ndetermined | manner |]. | | | |
| | H. WAN | | ACTUAL | Wells | ue To | Dri | enla | WIL | LASSIST | All rooms | MEDICAL EX | | DA ³ | TE NED | 916- | -86 |
| | NE SHETH | | SIGIVATORE | | | - | 1 | - | A THROUGH CHANGE | 30986.6.30 | MEDICALEX | AMINEK | SIG | NED | | - |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIFFETOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | - | (TYPE OR PRIN | NAME D | ennis F. | Smyth | , M.D. | | ADDRESS 1 | ll Pen | n St., | Balto | . , Mc | 1. 2 | 1201 | |
| | とりが と 女 男 | 23a.B | SPECIFY)_ | ION, REMOVAL | | | | | R CREMATORY | | LOCATION CITY OR TOWN | ٧ | C | OUNTY | s V | TE ST |
| 07/84 25M | BP | 24 F | Buria UNERAL DIREC | | 9/19/86 | Md | Nationa | I Memo | orial Par | | Laure I | DAD IZEL DE | CISTRAR | & SIGNIAT | | |
| | DHMH - 17 (VR A15 ME (5)) | | NAME | | ADDRES | | Venue | | 230. | SE | P171 | 986 | N. Land | Ser Live | ming Proster | Read S |

| | FOR | |
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| 1 | - STATE | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| |

2490

| ١ | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | RE | G. NO. | | |
|---|--|--|------------------------------|--|------------|---------------|--------------------------|---|----------------------|---|-----------------------------------|
| ١ | 1. DECEASED NAME | FIRST | N | AIDDLE | L | AST | Tare Tr. | 20 DATE OF DEA | | DAY YEAR | 26 HOUR |
| ١ | (TYPE OF PRINT) | lva | | | Baxte | er | | Septeml | ber 20 | , 1986 | |
| 1 | 3. SEX | | RACE | | 5. DATE C | | | 6. AGE (IN YEARS L | AST BIRTHDAY) | IF UNDER I YEAR | |
| ı | Female | | Bla | ck | MONTH 9 | 20 | 1932 | 54 | YRS | MONTHS DAYS | HOURS MIN |
| 1 | To. BIRTHPLACE (STATE OR F | OREIGN 7 | L CITIZEN OF | WHAT COUNTRY? | 8. | NEVER | | 9 BALTIMORE C | ITY OR COUN | TY OF DEATH | |
| 7 | Md | | | USA | WIDOWE | - /\ | VORCED [| Balt: | imore | City | MC |
| 1 | Baltimor | | (IF NOT IN SUCI | HOSPITAL, NURSIN HEACILITY, GIVE STREET Levind | ADDRESS) | OR OTHER INS | TITUTION | 120. USUAL OCCI (TYPE OF WORK FOR) Disabled | MOST OF WORKING | | OF BUSINESS OR |
| 1 | PA | 131 COUNT | | GIVE RESIDENCE BEFOR 13c. CITY OR TOW Lamont | | 13d. INSIDE O | NO X | 13e.STREET ADDR 1716 Che | RESS / ZIP CO | DDE 9 | 9999 |
| 9 | ATHER'S NAME | | IDDLE | LAST | | 15. MOTHER | S MAIDEN NA | | NO. | | |
| | William | | | Player | | Ed | na | MID | DUE | Boardles | / |
| ŝ | 160 WAS DECEASED EVER | | | 166 SOCIAL SECU | JRITY NO. | 17. INFORMA | ANT | A | ADDRESS | | |
| 7 | (YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 212-28-39 | 960 | Ronald | Boone 263 | 19 W. Belve | dere Ave | nue | |
| | Conditions, if ony, gove rise to imm cause (a), stating underlying cause | AS CAUSED IMMEDIATE which rediote | DUE TO, OR | R AS A CONSEQUER AS A CONSEQUER | ENCE OF | 's hyr | nghena | | | 2 G | XWATE INTERVAL ONSEY AND DEATH |
| * | PART 2. OTHER SIGN 90 DATE OF OPERAT 210. ACCIDENT WAS UND | | | NTRIBUTING TO | | | | 200 AUTOPSY | 20b. IF Y | GIVEN IN PART IN YES, WERE FINDI TIFYING CAUSES YES [] | NGS USED |
| , | OR CONTRIBUTING C | AUSE OF DEAT AL EXAMINER) ED | 210 PLACE C | MONTH D | 181 | | NC | RED (ENTER NATURE C | OF INJURY IN ITEM IS | 8 PART I OR PART 2) | STATE |
| | 22a, I certify that (I) sow the decease obove/(I) (we) (d 22b, SIGNATUPE 22d, PHYSICIAN'S NA | (this hospited of olive on oid) (did not) | priew the body of the print; | ofter death. | | DEGREE 100 | ATTENDING PHYSICIAN [| | STAFF HYSICIAN D | 22c. DATE 9/2 | 3/86 |
| | 230. BURIAL, CREMATION, I | REMOVAL | 23b. DATE | LLER | NAME OF C | EMETERY OR | MOPK (| 123d LOCATION | MER | CFLIG | |
| | (SPESIFY) rial | | 9/26/ | | | rial Par | | Randa1° | | COUNTY | SMP ₂ |

DHMH - 16 60M 7/84 (VRA 15, 4) Wm. Mc. March F/H 4300 Wabash Ave.

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
SEP 2 5 1986

| | | | | | | | | | ARYLAND | | | P4 | 1 | v 175 | 14 |
|----------------------------|--|---------------|-----------------------|-----------------------|------------------------|----------------|------------------|---------------|--------------------------|----------------|-----------------|-----------------|------------|--------------------------|-----------|
| | | 1, | FOR | | | DEPART! | MENT OF F | IEALTH | AND MENTAL | HYGIENE | 0 | 2 | 4 | 1 | 3 |
| 0.0 | 7015 | 1- | STATE REGISTRAR | | ME | DICAL | XAMIN | ER'S C | ERTIFICATE O | OF DEATH | 4 . | orc No | | | .71.8 |
| U U - | 7245 | 1 00 | CEASED NAME | FIRST | | MIDDLE | 777711111 | | IAST I | | - 1 | REG. NO. | 2.11 | WF + 0 | N 410110 |
| | | | CEASED NAME | F (R, 3) | | MIDDLE | | | LASI | 20 | OF ES | WN X MO | NTH DAY | YEAR | 26 HOUR |
| | 38 4 4 SE | | | Grayso | n | | | Bax | ter | Sr. | OF ES | TED | 9/ 3/ | 19 86 | M |
| | ACTOR ACTOR | 1 SE | | 4 RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEA | | | | DATE | MON | - | YEAR | 29H948 |
| | 克克·莱克 | | | | MONTH DAY | YEAR | LAST BIRTHDA | | | | NOUNCED | | | | |
| | \$2852 | M | ile | White | Sept 9 | 1938 | 47 YR | S. | | | DEAD | | 9/ 3/ | 1986 | PM |
| | 24 3 P | a. B | RTHPLACE (ST. | ATE OR | 76. CITTZEN OF W | | | 8 | | 9 E | ALTIMORE | CITY OR CO | UNTY OF | DEATH | |
| | 出場は世界と | FC | REIGN COUNTRY) | | 23 10 10 10 | | | | ED NEVER MARK | | 211 | | | | |
| | 2553 | LA | larylar TY OR FOWN | nd | USZ | | | WIDOW | | CED A | | | | | MD. |
| ./ | STATE OF THE STATE | ALC. | ITY OR TOWN O | OF DEATH | I NAME OF HO | | | , OR OTH | ER INSTITUTION | 12a USUAL | OCCUPATION | ON (TYPE OF WO | ORK 126 KI | nd of bus R industr | SINESS |
| 410 | ALEXE NOW | 1 | Dalti | make | 1 | | | Sho | ck Trauma | D = 1 L | OF WORKING | L-Dol | | | |
| Les | EE 258 | 10500 | Baltin | IOLE | R OTHER INSTITUTION, G | T CA UC | DSD1 La. | SIIO | CK II aulia | Balt | O. C. | tyPol | rdene | ept. | |
| 9 | 東公室間のプル | | TATE | VI31 COUNT | Y | | ORTOWN | | 13d. INSIDE CITY LIMITS? | 13e. STREET | ADDRESS | | | | |
| 213 | 4395422 | 1 | ıd. | Malt | -0 | Fo | sex | | YES NO 1 | + 100 | 8 For | xchas | e Lar | ne21: | 221 |
| Ö | = 0.00 | | ATHER'S NAME | - DGTI | | | SEA | | | | 0.10. | ACTION ! | | A \u_ dat al- d | |
| - 2 | E-SOM N | 17 | FIRST | | MIDDLE | | LAST | | 15. MOTHER'S MAID | FIALANAIC | MIDDLE | | | LAST | |
| 36 | ANCE L | 1 | Clare | ence | G. | . B | axter | | Josep | ohine | | | ucia | | |
| 9 | SAN SAN SAN | 16a_\ | VAS DECEASED | EVER IN U.S. ARM | | | IAL SECURITY | 'NO. | 17. INFORMANT | | | DDRESS | | | |
| 2 | E-800 | 10 | ES, NO, OR UNKNO | | | 21.3 | -34 - 3 | 090 | Josephir | ne Bax | ter | 3045B | ankSt | t. 2. | 1224 |
| ¥ | S AFT GIVE PAGE VISIC | 1 | yes | | 64 | 1 | | | 1 | | | | | | |
| 1 2 | 2@≯E@ | 1 | 18 CAUSE OF | F DEATH (Enter anly | y one cause per lin | e for (a), (b) | ond (c).) | | | | | | BET | PPROXIMATE WEEN ONSET | AND DEATH |
| in 2 | 5×5×× | V | PARTIDE | ATH WAS CAUSED | | | Cra | nio- | cerebral : | Injury | | | | | |
| õ | 名前の事品を | 1 | IXIP. | IMMEDIATE | - ' ' | AS A CON | SEQUENCE C | | OCL COLUL. | | | | | | |
| 5 | ZZZZZZZ | | Carabbas | is, if any, which | 000 10,01 | , A3 A COI | SEGOEIACE C | | | | | | | | |
| 2 | ESASAS | | | e ta immediate | (b) | | | | | | | | | | |
| * | ×325228 | | | stating the under- | DUE TO, OF | AS A CON | SEQUENCE C |)F | | | 100 | | | | 9-49-13 |
| 6 | Banka Ka | | lying cous | je last. | | | | | | | | | | | |
| 2,2 | 355.12 | 1 | | | (c) | | | | | | | | | | |
| 02 | RASEAS | 100 | PART 2 OTHER SIG | NIFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELA | TED TO THE TERMI | NAL DISEASE | OR CONDITION GIVEN IN P | ART 1 (a) | | | | | |
| 8 | ※写出る古思 | 1 8 | | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS. | OPE APO | CERTIFICATION | 190. DATE OF | OPERATION | 19h. COND | ITION FOR V | WHICH OPER | ATION W | AS PERFORMED? | | | | 20 | AUTOPSY? | |
| ¥ | A FEE | 15 | | | | | | | | | | | | | |
| 15 | * * * * * * * * * * * * * * * * * * * |] = | | | 100 | | | | | | | | | YES XX | NO [] |
| 4 | A MENTANDE | 7 8 | | L CAUSE WAS | 216. TIME C | | DAY VEAD | | DW INJURY OCCURR | ED LENTER NATU | RE OF INJURY IN | TITEM 18 PART 1 | OR PART 2) | 49.71 | |
| Z | PAR SAC | | UNDERLYING | VG CAUSE OF D | | | DAY YEAR | | | | 4. / | 11 | : a : a w | | |
| 9 | CERTIFIC TING TO 3 SHOU PROR | 1 × | 21d. INJURY O | | 1210 BLACE | OF INJURY | 3/19 86 | Suc | pject moto | reyerrs | st/aut | 0 0011 | TSTOIL | | |
| N N | 音声を発音 | MEDICAL | WHILE | NOTWINE | STREET EAC | TORY, FARM, ET | C.) | | TREET | CI | TY OR TOWN | | COUNTY | | STATE |
| ō | 849,658 | 1 | AT WORK | NOT WHILE AT WORK | } | oadwa | | 1016 | North Pt | . Rd | Edgem | ere. B | alto. | Co. | Md. |
| | E NA SES | 1 | | | , | | | | | | | | | | |
| 1 | SESONES SESONES | | 22a. I certif | y that I taak charge | e af he remains de | | _ | Autap | sy XX, Inspection | an 🔲 . I | nquiry 🔲 | , and in m | ny apinian | | |
| 1 | ME WETS | | death resulte | d from: Notur | Lours L | Accident | X Sui | cide | , Homicide . | Undeterm | ned monner | | | | |
| | EXAMI CERTIFI JUD BE DIRECT WITH | | 7/ | V | TAI | 1 | | | TITLE (SPECIFY) | | | | | | |
| • | WAN BEEN | | ACTUAL | | N | 1/ | | | | | | D | ATE Q | /4/86 | |
| - | *##### | 1 | SIGNATURE_ | | 11 | / | | M | D. Assista | MEDICA | LEXAMINE | R SI | GNED | /4/00 |) |
| | 0 H 4 M 30 V | 1 | EXAMINER'S | N 14 445 | V | | | | | | | | | | |
| | MSWEWE! | | TYPE OR PRIN | II) Gre | egory R. | Kauff | man, M | .D. | ADDRESS | 111 P€ | enn St | | | | |
| | TO MEDICAL E EXECUTE THE PACE A SHOU AFTER DESTH, BALTIMORE M | 720 5 | - | TION, REMOVAL 23 | | | | | R CREMATORY | 23d. LOCA | TIÓN | | | | |
| | | - (| SPECIFY) | IOIA, KEMOVAL Z | | | | | | CITY OR T | OWN | | COUNTY | STA | ATE |
| 07/84 | BP | | Burial | | 9/8/86 | He | Hvllc | 111C | emetery | Mid | dleRi | ver F | Balto | Md | |
| 25M | DHAH - 17 | 24. F | UNERAL DIREC | TOR | | | - | | 250 DATE | REC'D. BY RE | GISTRAR 25 | b. REGISTRA | R'S SIGNAT | TURE | |
| | (VR A15 ME (5)) | 10 | NAME | | ADDRES | - | | | TOOT CED | 0 30 | 200 | 2. Proces | days 19 | molett | |
| | (AK WIR (2)) | | onnell | yFunera | 1Home | 100Ma | ce Ave | 2. 2 | TAATIOLL | 3 5 | UU | | | | |

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| U U - | 1/470 | | REGISTRAR | | ME | DICALEX | AMINE | R'S CE | ERTIFICATE O | F DEATH | REG | S. NO. | | | |
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| | NY, PLEASE NUR FILES 72 HOURS NY STREET, | T KEY | JESSIE | 1. RACE | S. DATE OF BIRTH | THEW | AGE (IN YEARS | | ER I YR. IF UNDER | | DATE | MON | | 19 86 | 2d HOUR |
| | 医胃炎天经 | - | | 4. NACE | MONTH DAY | | LAST BIRTHDAY) | MONTHS | | MIN PROP | NOUNCED | | | | 6:21 |
| | DIRECT PARTY | L_M | ale | Black | 7 31 | . 86 | YRS. | 1 | HELLEY TO | | DEAD | | 9-5 | 1986 | 6:21 a. M |
| Page 1 | 88 4 F F F F F F F F F F F F F F F F F F | 7a. B1 | RTHPLACE (5 | TATE OR | 76. CITIZEN OF W | | (? 8 | MARRIEI | NEVER MARRI | ED TX 9 BA | LTIMORE CI | Y OR CO | UNTY OF | FDEATH | |
| | SHOE SO | | REIGN COUNTRY) | | | C A | | VIDOWE | | | 11. | - Oi | day o | | |
| - | SENARS // | in Ci | aryland | OF DEATH | | S.A. | | | RINSTITUTION | | altimos | re cr | LY, | KIND OF BU | MD |
| | WHREE STATES | , C1 | II OK IOWIT | OFBEATT | | ACILITY, GIVE STREE | | K OTHE | KINSTITUTION | FOR MOST C | F WORKING LIFE) | | JRK 120 F | OR INDUSTR | |
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| BALTIMOR | SGERA | | ES, NO, OR UNKNO | OWN) (IF YES, GIVE W | WAR OR DATES) | | N/A | | Inez Cole | 2110 | W Lo | vinat | on S | troot | |
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| ti | E, D. | | 18 CAUSE C | F DEATH (Enter only | n.v. | | | | | | | | BE | ETWEEN ONSET | AND DEATH |
| PRESTON ST | ALERGA EN | | | | E CAUSE (a) | Sudden | Infan | t Dea | ath Syndro | ome | | | | | |
| ors | A P P P P P P P P P P P P P P P P P P P | | 1775 | | DUE TO, OI | R AS A CONSE | QUENCE OF | | | | | | | | |
| # | EAL SELECTION | | | ns, if any, which | 1.15 | | | | | | | | | | |
| | NA PARA | | | se to immediate) stating the under- | (b) | R AS A CONSE | OHENCE OF | | | | | | | | |
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| DIVISION OF VITAL RECORDS, 201 W. | NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H.D. CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 FORWARDED TO THE CHIFE MEDICAL EXAMINER ALONG TOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | | | (c) | | | | | | | | | | |
| Q | A S S S S S S S S S S S S S S S S S S S | | PART 2 OTHER S | IGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELATED | TO THE TERMINA | L DISEASE (| OR CONDITION GIVEN IN PA | RT 1 (a). | | | | - | |
| 0 | S A A T | 0 | - 57 | | | | | | | | | | | | |
| 05 | 1 4 A A A A | F | 19a. DATE OF | OPERATION | 19b. COND | ITION FOR WH | ICH OPERAT | ION WA | S PERFORMED? | | | | 20 | AUTOPSY? | |
| ₹ | SE ESTE | FF | 200 | | | | | | | | | | | 127 | |
| > | 300 M 2 M | CERTIFICATION | 11- EVTERNI | AL CAUSE WAS | 21b. TIME C | E INTUINY | | 21. 1101 | WINDLE OF CLIPPE | | | | | YES 🔀 | NO 🗌 |
| O | ENERGE S | Ü | UNDERLYING | _ | | M. MONTH D | AY YEAR | ZICHO | W INJURY OCCURRE | D (ENTER NATURE | OF INJURY IN ITE | M 18 PART I C | OR PART 2) | | |
| NO. | STOOP & | 3 | CONTRIBUTI | NG CAUSE OF D | EATH P.A | Λ. | 19 | | | | | | | | |
| /ISI | ERT SEP | MEDICAL | 21d INJURY | OCCURRED | | | AT HOME, | 21f LOC | | 75 11 1 | 130 | | | | |
| á | S I S I S I S I S I S I S I S I S I S I | 2 | WHILE [| NOT WHILE AT WORK | STREET, FAC | CTORY, FARM, ETC.) | | STR | EET | CITY | OR TOWN | | COUNTY | | STATE |
| | PAWAY E | | AT WORK | AT WORK | | | | | Final | | | | | | |
| | A PATE SOR | | 22a I cert | fy that I took charge | e of the remains de | scribed obave, | held on | Autopsy | XX Inspection | n . In | quiry . | and in m | ny apinian | 1 | |
| 700 | ANE POR THE PARTY OF THE PARTY | | deoth result | ed from Natura | ol causes XX | Shorida L | Suicio | de . | Homicide . | Undetermin | ed monner | 7. | | | |
| | EXAMI CERTIF ULD BE DIREC WITH WARYL | | 111111111111111111111111111111111111111 | 1 h | . 4 | 121 | 45 | 7 | TITLE (SPECIFY) | | | | | | |
| | 2 2 2 2 5 5 | | ACTUAL | 1 Unici | 1 | MIL | 1 ln VI | 1/111 | Assistant | - 1 | | | ATE | 9-5-8 | 36 |
| | MEDICAL EXA CUTE THE CERT SE 4 SHOULD FUNERAL DIRE ER DEATH, WIT TIMORE, MAR | | SIGNATURE | ulli | The Contract of the Contract o | v. my | - LIV | THE | ASSISCAIL | MEDICAL | EXAMINER | SK | GNED | | |
| | NON A HE | | EXAMINER'S | NAME _ | | //. | _ | | 222 7 | 0.1 | 73 - 7 | | 56.5 | 2120 | 1 |
| | TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO | | (TYPE OR PRI | NT) Denr | nis F. Sr | nyth, M | .D. | A | DDRESS | Penn St | ., Bal | to., | Ma. | 2120 | I. |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | 23a B | URIAL, CREMA | TION, REMOVAL 23 | b. DATE | 23c. NA/ | AE OF CEME | TERY OR | CREMATORY | 23d. LOCATI | ON | | COUNTY | STA | 75 |
| 07/B4 | BP | (: | BURIA | 41 | 9/10/86 | Ced | ar Hil | 1 Ce | metery | Anne | Arund | | | M | |
| 25M | | 24 F | JNERAL DIREC | | 3/10/00 | 1000 | w1 1111 | | | REC'D. BY REG | | REGISTRA | | HUR A | |
| | DHMH 17 | | NAME | 7 11 | ADDRES | 5 | M L 1. | Λ | | 9 198 | | Davie | 1000-P | orbass | - |
| | (VR A15 ME (5)) | M | arch fi | uneral Hor | mes 110. | l East | worth | aven | ue 125 | 9 130 | 00 | | | | 1 |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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| 1 | | REGISTRAR | | CLKIII | ICATE OF DE | MIII | F | REG. NO. | | | |
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| 1 | | CEASED NAME FIRST | MIDDIE | | LAST | | 20. DATE OF DE | ATH MON | ITH DA | Y YEAR | 2b HOUR |
| ı | (TYPE | ORPRINT) Walter | C | 15 | ayreha | ~ | | 9 | 2 | 486 | 8.15 ErAM |
| ı | 3. SEX | X 4.1 | RACE / | 5. DATE O | OF BIRTH | | 6. AGE (IN YEARS | LAST BIRTHDA | Y} I | UNDER 1 YEAR | IF UNDER 24 HRS |
| | | Male | Black | MONTH | DAY O 7 | YEAR | 74 | | YRS. | DAYS DAYS | HOURS MIN. |
| d | | | CITIZEN OF WHAT COUNTRY | (? 8. | | - п | 9. BALTIMORE | CITY OR C | YTHUC | OF DEATH | ALC: COL |
| 1 | E | PLTO. MD. | US | WIDOWE | | RCED . | BAL | Tin | ORE | C17 | y MD. |
| 1 | 10. CI | TY OR TOWN OF DEATH | . NAME OF HOSPITAL, NURS (IFNOT IN SUCH FACILITY, GIVE STRE | | OR OTHER INSTIT | NOITU | (TYPP'UP WORK FOR | | RKING HE) | | BUSINESS OR |
| | USUA | AL RESIDENCE (IF NURSING HOME OR OTH | HER INSTITUTION, GIVE RESIDENCE GER | ORE ADMISSION) | MARYU | 400 | | | | 21 | 1200 |
| | 13a. S | ARY (AND 136. COUNTY | | MORE | YES X | LIMITS? | 13e.STREET ADD | CAR. | CODE | 31/ | REET |
| | 14. FA | ATHER'S NAME FIRST MID | DLE LAST | | 15. MOTHER'S N | | | IDDLE | | LAS | т |
| | | WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W | | CURITY NO. | 17. INFORMAN' GRACE | BAYNI | HAM / | ADDRESS 1334 | , CA | PROL | 57. |
| | | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B | | Spid (C).) | 1 | | + | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | IMMEDIATE (| | 0.0 | 1 (Muchan | Kat | 1-57 | | | | |
| | | Candarian of the last | DUE TO, OR AS A CONSEQ | UENCEGE | alen | Color | 1 Carci | W 101 | 6.0. | 18 | |
| | | Canditians, if any, which gave rise to immediate cause (a), stating the | (b) / Carles | UENCE OF | | Const | 4 6001 01 | 14011 | | 1 | |
| | | underlying cause lost. | DUE TO, OR AS A CONSEQ | OENCE OF | | | | | | | |
| | z | PART 2. OTHER SIGNIFICANT COM | nditions <u>contributing</u> to | DEATH BUT | NOT RELATED TO | O THE TERMI | NAL DISEASE O | R CONDITI | ON GIVE | N IN PART 1 | a · |
| 1 | ATIO | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORM | AED | 20a AUTOPS | Y? 20 | b. IF YES, | WERE FINDIN | NGS USED |
| | CERTIFICATION | | | | | | YES N | | CERTIFY YES | ING CAUSES | OF DEATH? |
| | | 71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 21¢ HOW INJU | RY OCCURRE | ED (ENTER NATURE | OF INJURY IN | ITEM 18 PAI | RT) ORPART 2} | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | CI | TY OR TOWN | | COUNTY | STA1E |
| | > | WHILE NOT WHILE AT WORK | (A. HOME, STREET, PACTORT, OTPIC | E, FARM, ETC.) | | | | | | | |
| | | 22a I certify that (I) (this hospital) saw the deceased alive an | | | nd that in (my) (a | ur) apinion de | , ta | the date of | | | that (I) (we) last |
| | | 125 SIGNATURE | iow the body alterdeath | | DEGREE | | | - Inc date (| 1 | 72c. DATE | |
| | 1 | Jan C | Africal | h | | ENDING YSICIAN | MEDICAL DIRECTOR | STAFF | 1 | 1000 | |
| | | 224 PHYSICIAN'S NAME (TYPE OR PE | EINT) | | 22e ADDRESS | 0 - | | -0/ | 1 | | R/4054 |
| | | Verone C. | (Youell h | <>> | 1229 | | tec rue | >tt= | et | - | |
| | | BURIAL, CREMATION, REMOVAL (SPECIFY) | 9-79-86 P | NAME OF C | EMETERY OR CRI | me Tro | 23d LOCATIO | OWN | = 1 | PAP 11 | AN STATE |
| | 24 FI | UNERAL DIRECTOR | . 0,7 | MINIVI | UN CE | 25a. DATE | REC'D. BY REG | STRAR 25h | REGISTR | AR'S SIGNAT | LIRE |
| | 20 | 200 In I Alan K. F. L | 1 1912 11 ADDRESS | Bal Time | 108 57 | SE | 1100 0 400 | 6 | | 44300 | 121 |

DHMH - 16 60M 7/B4 (VRA 15, 4)

OR ATTENDING

etoined by the hospital TO HOSPITAL

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IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, or other traumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR LITTE OR PRINTS 86 Telle Becker 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HR MONTH YEAR DAYS HOURS 1900 86 White Female BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Agnes USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Balto Yale Ave 21229 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Charles Cochren Hampton Yale Ave. ADDRESS alto. Md. 166 SOCIAL SECURITY NO. 17. INFORMANT AMrs. June A. Upole APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate other cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [CERT 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from 22 saw, the deceased alive and that in (my) aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN [ATTENDING PHYSICIAN be de MPORTANT 22d. PHYSICIAN'S NAME CTYPE OF THEFT 22e ADDRESS 9055 Chevrolet Drive Jr., M.D., P.A. Ellicott City, MD 21043 ATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE Buria] Balto. COUNTY 9-24-86 Loudon Park Cemetery Md. Freherick 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 was vactason - . (VRA 15, 4)

Flora Telle Becker 9 21 85 11:53 A

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may be

| 1- | STATE REGISTRAR | | | EALTH AND MENTAL HY ICATE OF DEATH | • | G . NO. | 2 4 | 7 0 7 | |
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| | Lilli | an | Be Be | cker | Mark V | 9 | 19 86 | 600 AM | |
| 3-SEX | | 4 RACE | 5. DATE C | F BIRTH | 6 AGE IN YEARS LA | AST BIRTHDAY) | MONTHS DA | | |
| | Female | White | | 6 1902 | 84 | YRS | | TO MIN. | |
| . BII | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT | COUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CI | | | | |
| | Md. | U.S.A. | . WIDOWE | | Poltin | ore Ci | | MD | |
| 0. CT | TY OR TOWN OF DEATH | | AL, NURSING HOME C | OR OTHER INSTITUTION | Baltin 12a USUAL OCCU | PATION | 12b. KINI | D OF BUSINESS OR | |
| R: | altimore | | Memorial H | oeni tal | Sales | | | pt. Stor | |
| USUA | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION, GIVE RES | IDENCE BEFORE ADMISSION) | • | | | | | |
| 34 3 | Md. | | ltimore | 13d INSIDE CITY LIMITS? | 13e.STREET ADDR | Ramona | Ave. | 21213 | |
| FA | THER'S NAME | A DOMESTICAL TO | | 15 MOTHER'S MAIDEN N | AME | | | | |
| | Joseph | MIDDLE T.A | hecka | Anne | MIDI | DLE | | Charvat | |
| 6a V | VAS DECEASED EVER IN U.S. AF | | OCIAL SECURITY NO. | 17 INFORMANT | A | DDRESS | | Charvat | |
| 17 | YES NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES) | 5-32-6208 | Emily McC | arron (s | sister |) same | e addres | |
| 7 | | | | | dilion (c | ,10001 | | ROXIMATE INTERVAL EN ONSET AND DEATH | |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | TE CAUSE (o) CA | | ASET | | | BETWE | EN ONSET AND DEATH | |
| NO | gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | (c) CVA | | NOT RELATED TO THE TER | MINAL DISEASE OR | CONDITION | | DAYS No | |
| CERTIFICATION | 190 DATE OF OPERATION | | OR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CER | YES, WERE FIN | IDINGS USED SES OF DEATH? | |
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| MEDICAL | 21d INJURY OCCURRED WHILE OF WHILE AT WORK AT WORK | 21e PLACE OF INJU | JRY FORY OFFICE, FARM, ETC.) | 211 LOCATION STREET | СПУ | OR TOWN | COUNTY | STATE | |
| | 220 I certify that (I) (this hasp saw the deceased alive of above, (I) (we) did (and no 22b. SIGNATURE | nour and from t | , that (I) (we) lost the couses stated | | | | | | |
| | 1 south | South | one | DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | STAFF HYSICIAN | | sept 84 | |
| | PAUL J | · HOETNEY | < | WWW.ON MA | EMORIAL F | tospitm. | 2 BAL | TIMORE | |
| | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 9/22/86 | Belai | emetery or crematory r Mem. Gar | dens Ba | alto. | COUNTY | STATE Md • | |
| | Burial UNERAL DIRSCHIMUEN | 9/22/86 | Belai Home, Ir | r Mem. Gar | dens Ba | alto. | COUNTY | JATU | |

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST Marie MIDDLE Caroline LAST Becker 2n DATE OF DEATH TYPE OR PRINT MARIE 09/09/86 09 5. DATE OF BIRTH 1 0/ (RACE Caucasian (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female (aux gsian remale 10 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Pennsylvania USA Baltimore City WIDOWED BEPT TO YMPO PERTH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balt mare Hospital Sinai Hosp. Food Store Cashier 6234 Gilston Pk. Rd. 21228 13d INSIDE CITY LIMITS? Baltimore Catonsvilleyes Maryland NO X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Virginia Hoopes Sallie Henry John Becker ADD \$508 Osage Avenue 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) 219-18-9014 Leslie M. Krause Balto.. MD 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: Cardio respiratory Arrest. IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram 19_66, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 776 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL MD PHYSICIAN DIRECTOR PHYSICIANY 274 PHYSICIAN'S NAME LTY 22e ADDRESS Sivoi Mospital . of Baltinore SANUAY PEASAD 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 9/10/86 |Security Process Catonsville 24. FUNERAL DIRECTOR 299 Frederick 25 FOOD BY REGISTRAN'S DHMH-16 30M 2/80 (VRA 15, 4) Cremation Society of Md. Balto., MD 21228

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LINES MARKET STATE OF THE STATE

| | | | STATE OF MARYLAND | 0 | | | | |
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| 1 05 | | ALIDRIC . | CERTIFICATE OF DEATH | REG. NO. | | | | |
| (TYPE | OR PRINT) | 11 1 | Beckwith | 20. DATE OF DEATH MONTH D | 86 1121AM | | | |
| _ | | | C DATE OF RIPTH | A AGE (IN VEARS LAST RIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | |
| 41,044 | male | Black | MONTH DAY YEAR &6 | O YRS. | ONTHS DAYS HOURS MIN. | | | |
| 70. 111 | RTHPLACE (STATE OR FOREIGN) | Th CITIZEN OF WHAT COUNTRY | ? 8 | 9. BALTIMORE CITY OR COUNTY | | | | |
| 1 | Maryland | USA | WIDOWED DIVORCED | No. | - mb. | | | |
| 10. CI | TY OR TOWN OF DEATH | | | | 12b. KIND OF BUSINESS OR INDUSTRY | | | |
| - | | Sinai Hosp. | of Baltimore | Infant | | | | |
| USU/ | TATE 136. COUN | IN LISE CITY OR TO | WN 11 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP CODE | Way 21228 | | | |
| IN FA | THER'S NAME | | 15. MOTHER'S MAIDEN NA | | 1 | | | |
| 1 | Troy | | | Dana | Hairston | | | |
| | YES, NO OR UNKNOWN) (IF YES, GIVE | | URITY NO. 17 INFORMATHT Mr. 3502 Kelox R | Troy Beckwith | | | | |
| | | v one cause per line lar (a), (b), o | | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | PART I. DEATH WAS CAUSED | BY: | Pulmonary F | trrest. | | | | |
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| | underlying couse last. | (c) | | | | | | |
| 2 | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVE | N IN PART Ita | | | |
| ATIC | 19a. DATE OF OPERATION | 196. CONDITION FOR WHIC | TH OPERATION WAS PERFORMED | | WERE FINDINGS USED | | | |
| TIFIC | | | | YES NOT YES | ING CAUSES OF DEATH? | | | |
| CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT 1 OR PART 2) | | | |
| T# | | In . | 19 | | | | | |
| EDIC | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE | | | |
| × | HILE NOT WHILE AT WORK | (AT HOME, STREET, PACTORY, OFFICE | E. PARM, ETC.) | | | | | |
| | 22a I certify that (I) (this hospite | | 9/11 19 81 | e, to 9 11 1 | 9 86, that (1) (we) lost | | | |
| | saw the deceased alive on above. (1) (we) (did) (did not | | and that in (my) (aur) apinian | death occurred on the date and hour | and Iram the causes stated | | | |
| | 226 SIGNATURE |) / | DEGREE | | ZH-DAY SIGNED | | | |
| | Leigh G | lahres are | M O ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 19/11/86 | | | |
| | 224 PHYSICIAN'S NAME (TYPE OR | repet) | 22e ADDRESS | Was sometimes | | | | |
| | Leigh | Johnson | MI) Beluedere | at Green Spring | Balto. 2/215 | | | |
| | | | | 23d. LOCATION | - STATE | | | |
| | Burial | | | W. Friendship L | Jouand Marylan | | | |
| 24 FL | NERAL DIRECTOR Loring | Byers Funeral | Directors, Inc 250 DA | E REC'D. BY REGISTRAR 256. REGISTR | AR'S SIGNATURE | | | |
| 87 | 28 Liberty Road | Randallstown, | Maryland 21133 | LI 11 0 1900 | | | | |
| | NEDICAL CERTIFICATION 1 PER 10 CI 1 | Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING BOME OR ITSTATE STATE TROY 16a, WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter on) PART I. DEATH WAS CAUSE IMMEDIATI Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE WORK AI WORK 22a. I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNIFICANT NAME (TYPEO) 22a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24 FUNERAL DIRECTOR I.Oring 24 FUNERAL DIRECTOR I.oring | 1. DECEASED NAME (1YPE OR PRINT) INFANT INFAN | DEPARTMENT OF HEALTH AND MENTAL HYC REGISTRAR DECASED NAME (1974 ON PRINCIPLE) Infant Jeremy ARACE BALL ARACE BALL ARACE BALL BALL ARACE BALL BALL ARACE BALL BALL ARACE BALL BALL BALL ARACE BALL BALL ARACE BALL BALL BALL ARACE BALL BAL | DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR REGI | | | |

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH MONTH DECEASED NAME 2b. HOUR LIVE OF PRINTS REVERICK AF.LL 0 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR 21 1904 BALTIMORE CITY OR COUNTY OF DEATH THPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED WIDOWED DIVORCED [Georgia ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR TOT OF WORKING LIFE) INDUSTRY Mechanic Martins Baltimore UAL RESIDENCE (IF NO ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS UNIOUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2976 Sollers Point Rd. 21222 Maryland Baltimore Dundalk FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST Arthur Waltz Bel1 Martha ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-03-7521 Luella Bell Same As 13e Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: SPIRATION TNEUMONIA 12 HRS IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF LZHEIMETES -MENTIH Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 11.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive above. (I (we) (did did not view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN. 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OF TOWN COUNTY 9-27-86 Baltimore Maryland Burial Oak Lawn HAME Duda-Ruck Funeral Home of Dundalk, Inc. 25h REGISTORAK GARACTE

7922 Wise Ave Dundalk, Maryland 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

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| DIVISION OF VITAL RECORDS, | |
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| | | 1. | FOR STATE | | DEPARTI | MENT OF HI | OF MARYLAND EALTH AND MENTAL HYGI | IENE 8 6 | 2 4 | 9 1 4 |
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| 1-1968 | 3 | | REGISTRAR | | | CEKTIFI | CATE OF DEATH | REG. N | 0. | |
| 1000 | ٦ | | EASED NAME FIRST | , N | NIDDLE | | ST A | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| nay be page 3 | - 8 | (IIII) | SAholle | 41 |), | Bel | | 9 - 2 | 9-86 | 5 A |
| po po pra | | 3 SEX | | 4 RACE | | 5. DATE O | F BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF UND | |
| oe 4 i | | | Female | Blac | | MONTH | 28 CQ | 84 | YRS. 9 | DAYS HOURS MI |
| 2 52 | \$7.7 | | THPLACE (STATE OR FOREIGN | 76. CITIZEN OF V | WHAT COUNTRY? | MAPPIER | NEVER MARRIED | 9. BALTIMORE CITY C | OR COUNTY OF D | EATH |
| | 1V | Si | Carolina | 491 | 4 | | | Balto | Cit | 4 |
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| 1 | 製り | BI | Altimore | Dukel | | | n + Nuking | | OF WORKING LIFE) IN | DUSTRY |
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| 2 2 2 | もつ | 13a S | md 136. COUN | TY | | N | | | ZIP CODE | 0.0 |
| 3 1 11 | - | 14 EA | THER'S NAME | | Dall | 2) | | | ZIPK | 446 |
| With With |) <u>E</u> | HTA | | AIDDLE | LAST | | FIRST I | WIDGLE | | MA LAST |
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| ond cond cond cond cond cond cond cond c | redicol | | AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? | 166. SOCIAL SECU | IRITY NO. | 17. INFORMANT | ADDR | ESS | |
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| the the | venî, | | PART I. DEATH WAS CAUSED | E CAUSE (a) | adenoc | aren | ima) Str | mach | | |
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| of of of start | \$ | 23 a B | URIAL, CREMATION, REMOVAL | 236 DATE | 236.1 | NAME OF CI | METERY OR CREMATORY | 23d LOCATION | | |
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| ог | | 24 FL | NERAL DIRECTOR | 110101 | 1 | ury | NETE PATE | F REC'D BY REGISTRAP | 25h REGISTRADIS | SIGNATURE |
| DHMH - 16 60A | | 1 . | MAME A MARCHI | -/117 | ADDRESS | - 1 | 0.011 | - O o oomi | da Kaning | |
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| 00- | 18647 | 11- | STATE REGISTRAR | | | DICAL EXAMI | | | OF DEATH | REG. NO. | - | 7 | 2 |
| | | | CEASED NAM | E FIRST | | WIDDLE | | LAST | 20. [| DATE KNOWN | | DAY YEAR | R 2b HOUR |
| | S NECESSARY, PLASE FUNERAL DIRECTOR. E 5 FOR YOUR O. WITHIN 72 HOURS W. PRESTON STREET, | 1 (| TE OK FRINT) | JAM | ES | E. | | BELL | | Or ESII- | 9-9-8 | 36 19 | M |
| | SE S | 3 SE | X | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN | YEARS IF UN | | | DATE NOUNCED | | DAY YEA | AR 2d HOUR |
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| QW . | CASSIN. | 14. F | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDI | | WIDDLE | | LAST | |
| SHE. | SUL ZICL | - | | ? | | | | | | | iller | | |
| BALTIMORE | 150 mg | 160. | WAS DECEASED YES, NO, OR UNKNO | D EVER IN U.S. A | RMED FORCES? VE WAR OR DATES) | 166. SOCIAL SECU | | 17. INFORMANT | | ADDRESS | | | m 0 |
| BAL | 응트폰문 // | - | Yes | | W. 2 | 246-26- | 8520 | Lovett Ha | alsey | 2200 Roun | d Rd. | | |
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| ō | WREI WARE PAGE 21201 | 2 | AT WORK | NOT WHILE AT WORK | O STREET, FACTO | ORT, PARM, ETC.) | | IREET | CIT | YORTOWN | COUN | TY | STATE |
| | 141 25 101 | U | | | orge of the remains desc | ribed abave, held or | Autop | sy X, Inspectio | ın . Ir | quiry , ond | in my apin | ion | |
| - | EXAMINER CERTIFICATI ULD BE FOR DIRECTOR: WITH THE | | deoth resulte | ed from: Na | turol causes 🗓 , | Accident, | Suicide | , Homicide . | Undetermin | ned manner . | | | |
| | CORTIF CORTIF CORTIF CWITH | | ACTUAL | MARA | ·- D. 1 | 1/ 00 | | TITLE (SPECIFY) | | | DATE | 0 10 | 0.6 |
| | SESE - | 1 | SIGNATURE | America | the like | July | M | D Assistan | T_MEDICAL | EXAMINER | DATE SIGNED. | 9-10 | -86 |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH BALTIMORE, M | 1 | EXAMINER'S (TYPE OR PRI | NAME NT) | Margarita | a A. Korel | 1,M.D | ADDRESS | 111 Per | n Street | | | |
| 1 | BATTAR | 230.B | URIAL, CREMA | TION, REMOVAL | | 23c. NAME OF C | | | 23d. LOCAT | WN | COUNTY | | STATE |
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| | DHMH - 17 (VR A15 ME (5)) | 74 F | UNERAL DIRECT | | FSPA 130 | 00 Eutaw F | lace | SEP SEP | 1 8 198 | STRAR 256, REGIST | RAR'S SIG | WATHER | |

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| 7996 | 1. | FOR STATE REGISTRAR | | | NT OF HEALTH CERTIFICATE | OF DEATH | Ö | 6 G. NO. | 2 4 9 | 16 |
| poge 3 C | (TYP) | CEASED NAME FIRST | 1 1 1 1 | wood 20. DATE OF DEATH MONTH DAY YEAR 26 HO | | | | | | |
| Se 4 mc | 3. SE | Female | White | | | 7. 1905 | 6. AGE (IN YEARS LA | YRS. | MONTHS DAYS | HOURS MIN. |
| nerol dir n 72 hou | | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76. CITIZEN OF | | MARRIED N | EVER MARRIED _ | 9 BALTIMORE CI | CE CI | | MD. |
| by the fu | | Dallo | Franci | HOSPITAL, NURSING ICH EACHLITY, GIVE STREET ADD | edical (| | 12a USUAL OCCU (TYPE OF WORK FOR N Homema) | OST OF WORKING | | BUSINESS OR |
| filled in ould be | | AL RESIDENCE (IF NURSING HON STATE 136 C aryland | AE OR OTHER INSTITUTION OUNTY | GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Baltimbr | MISSION) | SIDE CITY LIMITS? | 13e STREET ADDRI | ss / zip cod | | 37 |
| red within | 14. F/ | ATHER'S NAME FIRST Martin | MIDDLE | Pawlicki | 15 MO | THER'S MAIDEN N | WIDD | | Czerwins | ska |
| be execu | | VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) | . ARMED FORCES? s, GIVE WAR OR DATES) | 217-03-87 | | ORMANT | an Demski | 8419 A | | Lane 2123 |
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| ow requires the same that the please to burner | CERTIFICATION | PART 2. OTHER SIGNIFICA | | ONTRIBUTING TO DE | | | MINAL DISEASE OR | 20b. IF YE | IVEN IN PART 1:0 ES, WERE FINDING | GS USED |
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| OR ATTENDIA the hospital or DIRECTOR, A sched for use Dept of Healt frem 21 is man | 1 | 220 I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di 22b. SIGNATURE) | e on 9 | 111 19 8 | ond that i | | death occurred on t | ne date and ho | | |
| HOSPITAL ned by the FUNERAL old be den the State | | 22d PHYSICIAN'S HAME IT | Ove | enoul | 27e A | ATTENDING PHYSICIAN DDRESS | DIRECTOR PH | STAFF YSICIAN 🗌 | 15/1 | 486 |
| Bb should | 230 | BURIAL, CREMATION, REMO | | 23c N | The same of the sa | Y OR CREMATORY | CITY OR TOV | ore, Ma | county | STATE |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | UNERAL DIRECTOR Leonard J. Ru | ck, Inc. | Baltimore | ,Md. | 25a DA | SEP 1 5 19 | RAR 256. REGIS | STRAR'S SIGNATU | Rendell |

Fammale Watto April 27, 1905 H1 4 + C I . A. U. Percent and the latter former florested Saltiers an 2000 odell Ave. 21257 route i ciwa 11.7 15.0 mianiwgorC 217-07-6759 Mrs. Millen Darmid Stif Military Cana 21297 Sueless years to their to the Mary Belthnore, Maryland

Monard J. Buck, Inc. Enlayers, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X CTYPE CHEPATHET ESTI-**GEORGE** DEATH MATED BELZ 19 86 DILLAHUNT Jr. 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IE LINDER 24 HRS DATE PRONOLINCED DEAD 19 86 April 28, 1944
76. CITIZEN OF WHAT COUNTRY? 42 YRS Male White 9 BALTIMORE CITY OR COUNTY OF DEATH W BRITHPLACE INTATEOR MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED U.S.A. WIDOWED Maryland 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 1603 Northbourne Rd. Lt. Col. U.S. Army Baltimore 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3a. STATE 136 COUNTY Anne Arundle Ft. Meade 7504 Young Street M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Belz O'Toole Dillahunt Constance George 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 215-42-5565 Barbara J. Belz (Wife) Same as # Active Duty CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Hanging DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING 9-8- 1986 CONTRIBUTING CAUSE OF DEATH Subject hanged self. 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC 1 STATE WHILE NOT WHILE K 1603 Northbourne Rd., Balto. City MD house PAGE 4 SHOULD TO FUNERAL DIRECTOR: PAGE DEATH, WITH THE STANGE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Undetermined manner death resulted limit TITLE (SPECIFY) **ACTUAL** MD Assistant MEDICAL EXAMINER 9-9-86 SIGNATURE Charles P. Kokes, M.D. 111 Penn St., Balto., MD EXAMINER'S NAME 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sept/12/86 Arlington National Cem. Arlington, Arlington, Virginia Burial 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland

STATE OF MARYLAND

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. | n signed by the ottending p Then please remove corbon to buriol, cremation, or rem injury, or other troumotic ev | NOI | Conditions, il ony gove rise to im couse (o), stotii underlying couse PART 2 OTHER SIG | , which mediate ng the e lost. | DUE TO, OI | R AS A CONSE | QUENCE OF | NOT RELATED T | TO THE TERMI | NAL DISEASE O | r condition | I GIVEN IN PART | 110 |
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| TAL OR ATTENDIR | toched for us Dept. of He H them 21 is u | | 27a I certify that (1 sow the decays above, (1) (4a) 27b SIGNATURE | | | 15 | 9 96 . 01 | DEGREE AT | , 19 % Dour) opinion d TENDING HYSICIAN | MEDICAL | the date and | hour and from the | that (I) wo lost the couses stated |
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| | - 16 60M 7/B4 (RA 15, 4) | 24 F | INERAL DIRECTOR 6010 REIS | | LEVINSO DWN RD. | BALTO | DS., IN | | 250. DATE | | STRAR 256. RE | GISTRAR'S SIGN | ATURE |

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| ARY, PLEASE L DIRECTOR. YOUR FILES. TON STREET, | 84 | Wh | ite | | L933 5 | 3 YRS. | DAYS HOURS | DEAD | LED | 9 18 | 1986 | 1:22 PM |
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| CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PRING THE WORD "PENDING" IN PENCIL IN ITEM TING THE WORD "PENDING" IN PENCIL IN ITEM TO THE CHIEF MEDICAL EXAMINER ALONDED SHOULD BE USED AS BURBAL "RANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIEF I PRIOR TO BURIAL, CREMATION, OR REMOVAL | _ | PART 2 OTNER SIGNIFICAN | T CONDITIONS C | ONTRIBUTING TO DEATH RE | IT NOT RELATED TO T | NE TERMINAL DISEAS | OR CONDITION GIVEN IN P | PART 1 to | | | 731 | |
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| WAN WAR | | ACTUAL / | 11. | 1.16 | FILL | ~ | TITLE (SPECIFY) | | | DATE O | 10 0 | |
| SESSE N | 1 | SIGNATURE | Jan | VIII | 10 | N | D ASSISTAL | T MEDICAL EXAM | NER | DATE 9 | 1-19-8 | Ь |
| W CON CONTRACTOR | | EXAMINER'S NAME | Cha | rles P. Ko | okes, M. | D. | 111 | Penn St., | Balto | . MD | 2120 | 1 |
| TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE P TO FUNERAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI | 23a B | (TYPE OR PRINT)URIAL, CREMATION, R | | | | OF CEMETERY C | ADDRESS | 23d. LOCATION | | | | |
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3331 Brehms Lane, Balto., Md.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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| may b | 2.57 | 3. SE | (| | 4. RACE | | 5. DATE C | F BIRTH | | 6. AGE (IN YEARS LAS | | # UNDER | R I YEAR II | FUNDER 24 HRS |
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| or or see of the | E E | | 22a.1 certify that (I) | (this hospit | tal) attended th | e deceased f | AUGUS | | 86 | sePTE | | 03 8 | | ot (i) (we) fost |
| TOR TOR | 21 15 | | 22a.1 certify that (1) saw the decease above, (1) (we) (a | ed olive on | SEPTE | MBER0 | 3, <u>198</u> , | d that in (my |) (our) opinion | death accurred on th | date and ho | our and fre | om the co | uses stated |
| RECTO | E | | 226. SUGNATURE | na) (ala noi | i) view the body | atter death. | | DEGREE | | | | | DATE SK | |
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| TO HOSPITA. retained by the TO FUNERAL I should be deto with the State [| MPORTANT | | 22d. PHYSICIAN'S NA | | | | | 22e ADDRE | 5.0 | CH HOSPI | - |) DDO | DAMI | CONT |
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| of Der | <u> </u> | | SURIAL, CREMATION, | REMOVAL | 236 DATE | | 23c NAME OF C | | | 23d. LOCATION | | I a ply | U. C. | 231 |
| BP | | (| specify) rial | | 9/6/1 | 986 | St. Sta | | | Baltim | | COUNT | | STATE |
| | 100 | | INERAL DIRECTOR D | nda-P | | | St. Sto | misial | | E REC'D. BY REGISTE | | STRAR'S S | | yland_ |
| HMH - 16 60M 7 (VRA 15, 4) | 7/84 | | 22 Wise Av | | | AUU | ryland | 21222 | | | junar | | | |
| (VKA 15, 4) | | 19 | SS MIDE HA | enue | Durida | TY' Mg | TYLAND | 61666 | 0 | | June 1 | nited atte | - | ALC: NO. |

INDUSTRY WURSE McMechen St. Apt. 1102 Elizabeth Pritchard 301 W. McMechen St Apt626 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION GIVEN IN PART & 20b. IP YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) STATE and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated Westview Memorial remation Westview. Balto 250 DATE REC'D 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 6224 Fastern Ave.

STATE OF MARYLAND

IF UNDER I YEAR

12b. KIND OF BUSINESS OR

DHMH - 16 60M 7/84 (VRA 15, 4)

Consider the desired and the second of the s

a would be and face of the forder over

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 31 | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF CERTI | HEALTH AND MEI | | REG. NO. | 2 4 9 | 3 0 |
|----|---------------|---|-----------------------------|--|----------------------|-----------------|--|-----------------------|-----------------|
| | | CEASED NAME FIRST CORET | мюді. ГТ А | | LACKBIRD | | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR - |
| | 3 SEX | | 4 RACE | | OF BIRTH | 6 | AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | B | FEMALE | WHIT | E 2 | 25 | VEAR 00 | 86 YRS | MONTHS DATS | HOURS MIN. |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? 8 | ED NEVER MAR | RIED 7 | BALTIMORE CITY OR COUNT | Y OF DEATH | |
| f | | A. | U.S.A. | WIDOW | | RCED | CITIL | | MD |
| | 10 CI | TY OR TOWN OF DEATH | | PITAL, NURSING HOME | OR OTHER INSTITU | | 120 USUAL OCCUPATION | | BUSINESS OR |
| U. | | Baltimore | MASO | NF. | LORD | | Housekeeper | | |
| de | 13a. S | AL RESIDENCE (IF NURSING HOME OF | | RESIDENCE BEFORE ADMISSION CITY OR TOWN | 136. INSIDE CITY | LIMITS? | 3e.STREET ADDRESS / ZIP COL | DE | |
| 2 | | ryland | | Baltimore | 70 | | 4312 Clareway | 21213 | |
| 2 | 14 FA | THER'S NAME FIRST | MIDDLE | LAST | 15 MOTHER'S M | | WIDDIE | LAST | |
| | | John | | Day | Mar | У | | Unk | nown |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b | SOCIAL SECURITY NO. | 17 INFORMANT | | ADDRESS | | |
| | | NO | | 78-05-2659 | Mary A. | Shadle | e 4251 Darleig | h Rd. 2 | 1236 |
| | | 18 CAUSE OF DEATH (Enter or | | | 1 | 174.0 | | APPROXIA BETWEEN O | MATE INTERVAL |
| | 4.5 | PART I DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) Ad | PIRATIO | sa Pa | ieun | NUNIA | | |
| | | | DUE TO, OPAS | A CONSEQUENCE OF | VASE | | 1 | | |
| Н | | Conditions, if ony, which | 7 | | | | | | |
| | | gove rise to immediate cause (a), stating the | DUE TO, OR AS | A CONSEQUENCE OF | | | | | |
| ١ | | underlying couse lost. | (c) | | | | | | |
| ١ | 2 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTI | RIBUTING TO DEATH BU | T NOT RELATED TO | THE TERMIN | VAL DISEASE OR CONDITION G | IVEN IN PART 11a | |
| | 5 | 190 DATE OF OPERATION | TIME CONTRICTION | N FOR WHICH OPERATION | ON WAS DEDUCED. | 50 | 1 20a AUTOPSY? [20b. IF Y | ES, WERE FINDIN | OC HOSE |
| 7 | CERTIFICATION | IN DATE OF OPERATION | 198 CONDITION | N FOR WHICH OPERATION | UN WAS PERFORM | ED | IN CERT | IFYING CAUSES | OF DEATH? |
| | ERTI | 210. ACCIDENT WAS UNDERLYING | 1 216 TIME OF IN | ILIDA | 1217 HOW IN IIII | OCCUPPE | YES NO DE LE | YES | NO 🗌 |
| 1 | | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. | MONTH DAY YEAR | | VI OCCORRE | D LEWIER MATORE OF INJURY IN HEW TO | PART TORPART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINED | P.M. | 19 | 211 LOCATION | | | | |
| | ME | WHILE NOT WHILE | | ACTORY OFFICE FARM ETC } | STREET | | CITY OR TOWN | COUNTY | STATE |
| | | 220.1 certify that (I) This hospi | 4 - f) - 44 d - d - d - d - | 70 | 113 | 23 | 9/25 | 100 | |
| H | | naw Meceased olive on | 9/25 | 1986 | and that in (my) (ou | r) opinion de | oth occurred on the date and ha | our and from the a | ouses stated |
| | | 22b : 1GF 47 HE | view the body ofte | deoth. | DEGREE | | | 22c DATES | |
| | | Sucens | Jenny | 011) M-1 | ATTE | NDING SICIAN | MEDICAL STAFF | 0/0 | 4/26 |
| | | 224 PHYSICIAN'S NAME (TYPE C | OR PRINT) | | 22e ADDRESS | | | | 10 mm |
| | | JUSAN J | . JENA | TAN, MJ | 52 | 00 E | : ASTERN AU | E. | |
| | | SURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF | CEMETERY OR CRE | MATORY | 23d LOCATION CITY OF TOWN | COUNTY | STATE |
| | | Burial | 9/27/86 | Loudon | Park Cem | eterv | | | rvland |

Hubbard Funeral Home, Inc. 4107 Wilkens 2 Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove any with the State Dept of Health and Mental Hygiene prior to burial, cremation,

| nt: | 18281 | 1-5 | FOR STATE REGISTRAR | | | STA DEPARTMENT OF DICAL EXAMIN | HEALTH | | (3) | 6 | 2 4 | 9 3 | 1 |
|-----------------|--|---------------|------------------------------|--|-----------------------|---|-----------|----------------------------------|--------------|---|--------------------|--------------------------------|-------------------------|
| | 1 0 7 0 1 | 1. DEC | EASED NAME OR PRINT) | First Marti | 10000 | D. | | okman | 20. | REG. N DATE KNOWN OF ESTI- DEATH MATED [| _ | AY YEAR 19 86 | 26. HOUR |
| | ARY REASE OUR FILES. V72 HOURS | | LE | 4 RACE WHITE | DEC. 22 | | ARS IF UN | | | DATE ONOUNCED DEAD | 9-15 | 19 86 | 24 HOUR 2:58 P. M |
| • | S PORERA S FOR N WITHII | NE | THPLACE (S W YORK | / | USA | AT COUNTRY? PITAL, NURSING HOM | WIDOW | | RED CED | Baltimore city Baltimore OCCUPATION (IV | e City, | KIND OF BUS | MD |
| 15 | 800 | B | altimos L RESIDENCE | re / | Universi | ty Hospital E RESIDENCE BEFORE ADMISS | 1 - S | | | CHER (ING LIFE) | | BUCATT | |
| MD.7178 | 是1000mm | FI FI | THER'S NAME | BROW | YARD | BOYNTON'B | | 13d. INSIDE CITY LIMITS YES NO L | | N.E. 26th | Ave#31 | 3 (33 | 435) |
| | TER DEATH FORM PM FORM PM ESS AND S ON OF VIT | » KA | MILLE | D EVER IN U.S. ARM | MIDDLE | BLACKMAN | TY NO | LISA 17. INFORMANT | DEI (I NAME | | EENSHNE | | 11717 |
| BALTIMORE | JRS AFTER 3. GIVE PARWITH FOR IT PAGES 1. DIVISION (| (YE | YES | WWII AIF | FORCE | 058-07-29 | | MRS. ETT | 'A BLACI | | S.E. 26t NTON B | BEACH! | FLA. |
| ON ST., | OF OF W. | > | PARTIDE | ATH WAS CAUSED | E CAUSE (a)IVI | for (a), (b), and (c).) ultiple In AS A CONSEQUENCE | | s with con | mplicat | ions | - | APPROXIMATE I BETWEEN ONSET | AND DEATH |
| W. PRESTON | NITHIN 24 PENCIL IN ITEA MINER ALON TRANSIT PER INTAL HYGIEN OR REMOVAL | | gave ri | ns, if any, which se to immediate stating the under- | (b) | | | | | | | | |
| 201 | ECUTED IN PERIOR OF IND MEN | | lying cou | se last. | (c) | AS A CONSEQUENCE | - X | | | | CV 4 | | |
| RECORDS, | ILD BE EXECUTED W PENDING" IN PEN F MEDICAL EXAMIN D AS A BURIAL - TR HEALTH AND MENI I, CREMATION, OR | TION | 19a. DATE OF | | | UT NOT RELATED TO THE TERM | TO E | | PART 1 to | | | | |
| ₹ | SHOULD BE WORD "PEND WORD "PEND BE USED AS WIDE HEALT SURIAL, CRE | CERTIFICATION | | L CAUSE WAS | 21b. TIME OF | ION FOR WHICH OPE | | | | | | YES . | ио 🖾 |
| DIVISION OF VIT | TIFICATI G THE V TO TH HOULD ARTMEI | MEDICAL CE | UNDERLYING | OR NG CAUSE OF D | HOUR 430 P.M. | MONTH DAY YEA | 86 dri | ver in au | | | | | |
| DIVIS | IER: THIS CERTIFICATE, WRITING IT CORWARDED TO OR: PAGE 3 SHO HE STATE DEPAR ND, 21201 PRICE | MEC | WHILE AT WORK | NOT WHILE AT WORK | STREET, FACTO | hway | S | 81 & Rt. | 11,Hage | erstown W | ashingt | on Co. | , Md. |
| | MINER: TIFICATE BE FOR ECTOR: I III THE S | | 22a. I certi death result | | e of the remains desc | ribed above, held an | Autaps | y , Inspect | | Inquiry , a | nd in my apinia | n | |
| • | ICAL EXA SHOULD SHOULD ERAL DIE EATH PRE, | 2 - | ACTUAL SIGNATURE | Deleu | in the | reght | 1/www | Assista | nt_MEDICA | LEXAMINER | DATE SIGNED_ | 9-15-8 | 86 |
| | TO MEDICAL EX. EXECUTE THE CES PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH BALTIMORE, | | EXAMINER'S (TYPE OR PRI | ut) Denn | is F. Smy | | | D D III D D | | ., Balto | ., Md. | 21201 | |
| 07/84 25M | BP | CF | EMATIO | | 9/16/86 | | | CREMATORY | | M ORE | MD. | STA | TE |
| | DHMH - 17 (VR A15 ME (5)) | | NAME | SOL | LEVINSONS RD. BALT | & BROS. O., MD.(2 | 1215) | DAII | | 1006 | SISIRAR'S SIGN | | |
| | | | | | | | | | | 1222 | | | |

| | 1 | | | | STATI | OF MARYLA | ND | | | | . 61 49 |
|--|---------------|---|-------------------------------|---|-----------------------------|------------------------|-----------------------|--|-----------------|--------------------|--------------------------------------|
| 17713 | 1. | FOR STATE REGISTRAR | | DEPAR | | EALTH AND N | | IENE 8 6 | 2. No. | 4 | 9 5 2 |
| 1111 | 1. DE | CEASED NAME FIRST | | AIDDLE | L | AST . | | 20 DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| noy be poge 3 death | { I YPE | CLAREN | CE D | | BLAC | CKWELL | . Sr. | SEPTEMBE | ER 9, | 1986 | 4:40 |
| od . | I. SE | X | 4. RACE | 0 | 5. DATE C | F BIRTH | | 6. AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAY | |
| ge 4 ector | 1 | male | B1 | ack | MONTH 4 | 15 | 21 | 65 | YRS. | MONTHS | S HOURS MIN |
| perol dir | | RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 16 CITIZEN OF | | Y? II. MARRIEI WIDOWE | NEVER M | ARRIED ORCED | 9. BALTIMORE CITY BALTIMOR | _ | | |
| by the fur | 100 | ALTIMORE | JOHNS | HOSPITAL, NUR | ING HOME C | R OTHER INST | | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Die Set | TOF WORKING LI | | OF BUSINESS O |
| c pe | 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY) and | OTHER INSTITUTION, | GIVE RESIDENCE BEF 134. CITY OR TO Baltim | NWN | 13d. INSIDE CI | TY LIMITS? | 13e STREET ADDRESS 1820 N. I | S / ZIP COD | e ay 212 | 13 |
| | D F | ATHER'S NAME FIRST | WIDDLE | LAST | | 15. MOTHER'S | MAIDEN NA/ | MIDDLE | | | LAST |
| 2 2 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SE | | 17 INFORMAN | | | RESS | | |
| Po | | YES | E WAR OR DATES | 218-09 | -9175 | Connie | e Black | well 1820 |) N. Bi | roadwa | у |
| igned by the ott en please remav burial, cremotic ury, or other trou | 7 | Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2, OTHER SIGNIFICANT (| (c)_ | ONTRIBUTING T | | NOT RELATED | TO THE TERM | INAL DISEASE OR CC | ONDITION GI | VEN IN PART | 1(0) |
| te hos been s sit permit. Th giene prior to | CERTIFICATION | IN DATE OF OPERATION | | TION FOR WHI | CH OPERATIO | N WAS PERFOR | RMED | 20a AUTOPSY? | IN CERTI | | DINGS USED SES OF DEATH? |
| certificate rinial-transit entol Hygi frem 18 shu | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | 3141 | M. MONTH | DAY YEAR | 21c HOW INJ | JURY OCCURE | RED (ENTER NATURE OF IN | JURY IN ITEM 18 | PART I OR PART 2 | 1) |
| ter this of the bunk ond Mehond Mehon | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE ((AT HOME, STR | OF INJURY EET, FACTORY, OFFIC | E, FARM ETC) | 21f. LOCATIO STREET | N | CITY OR | TOWN | COUNTY | STATE |
| for use of Healt | | sow the deceased alive on above, (1) (we) (did) (did no | 9/9 | 19 | | d that in (my) (| (aur) apinion | death occurred on the | date and ho | 19 Sour ond from t | that (I) (we) la he causes stated |
| FUNERAL DIRE | | 224 PHYSICIAN'S NAME (1) PE | n Ja | une | ann | | TTENDING PHYSICIAN | MEDICAL ST DIRECTOR PHYS | AFF ICIAN 🕒 | 9/4 | 9/86 |
| TO FUNER, should be d with the Sto | | DIANE M | | NEM | m | Topus | Hopk | ins Hosfi | TAL | | |
| | | BURIAL, CREMATION, REMOVAL | 23b. DATE 9/15/ | | | n Fore | st VA | Owings | | COUNTY | Md. STATE |
| AH - 16 60M 7/84 (VRA 15, 4) | | uneral director arche Funeral Hor | mes 110 | 1 East | North / | Avenue | 25a. DAT | EP 1 1 1986 | | TRAR'S SIGN | |

| | | | 1 | | | | | | | | MARYLA | . = | | | | | | | |
|-----|-------------------|--|---------------|----------------------|----------------------|------------------------------|--------------|-------------|----------------|-------------|-----------------|----------------|-----------|--------------------|----------------|-------------|---------------|------------|---------|
| | | | 11- | FOR STATE | | | | | | | TH AND M | | 4 | IE A | | 9 | 21 | 61 3 | 3 |
| 00 | - | 7421 | | REGISTRAR | | | | | EXAM | INER'S | CERTIFI | CATE | OF DE | DTH O | REG. | NO. | -1 | 2 03 | 9 |
| | | | | CEASED NAME | FIRST | | | MIDDLE | | | LAST | | | 2a. DATE OF | KNOWN ESTI- | X MC | ONTH DA | AY YEAR | 26 HOUR |
| | | 経過過程 | | | LEONAL | RD | | C. | | F | BLAND, | SR. | | | MATED | | 9 2 | 19 86 | M |
| | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | 3. SE | X | RACE | 5. DATE OF B | IRTH | YEAR | 6. AGE (IN | YEARS IF | UNDER 1 YR. | IF UNDER | | 2c. DATE | | MŌ | ONTH DA | AY YEAR | 2d HOUR |
| | | × 25833 | M | ale | Black | | 13 | 15 | 71 | YRS. MC | NTHS DAYS | HOURS | MIN. | PRONOU DE AL | | | 9 2 | 1986 | 1:45 |
| | | A A Y | | IRTHPLACE (STA | ATE OR | 76. CITIZEN C | | | TRY? | R | | | | 9 BALTIA | AORE CIT | Y OR CO | OUNTYO | | 1 1 100 |
| | | DELAY IS NECESSARY PLACE OF THE FUNERAL DIRECTOR N PAGE 5 FOR YOUR FILE PENLED, WITHIN 7 HOURE DE, 20 W. PRESTON REGET | 1 | OREIGN COUNTRY) | | 13/1/13 | T | JSA | | | RRIED NI | DIVORO | 47770 | D-14 | -imox | o Ci | +++ | | |
| | 1 | N SE SUN W | 10. C | ITY OR TOWN C | OF DEATH | 11. NAME OF | HOSPI | ITAL, NUI | | ME, OR O | | | 12a. US | UAL OCCL | PATION | | VORK 12b | KIND OF BI | |
| 153 | | SESES OF | 1 | Doltimos | 60 | | | | REET ADDRES | (5) | | | FOR | host of wo | RKING LIFE) | | | OR INDUST | RY |
| 1 | - 21 | NON TO A | | Baltimo: | IF IN NURSING HOME O | 4320 | ON. GIVE | residence | BEFORE ADM | ISSIONI | | | La | porer | | | | | |
| | 2120 | H. IF ANY DEL 1, 2, AND 3 TO 3. RETAIN 2.2 SHOULD BE TAL RECORDS | 130 5 | STATE | 136. COUN | TY | the state of | 13c. CITY | OR TOWN | 4 | | CITY LIMITS? | 13e STR | EET ADDR | ESS | Α Λ | 1-+ 0 | C 21 | 212 |
| | | A A WOOD | | MD | | | | Ba. | Ltimo | re | YES 🗶 | NO [| | 20 C1 | araw | ay p | thr.o | 6 21 | 213 |
| | WD. | H- X05 | 14. F | ATHER'S NAME | | MIDDLE | | | LAST | | | ER'S MAID | ENNAME | , | MIDDLE | | | LAST | |
| | ORE | OK PATH | 1 | Charli | | | | Blar | | | | aisy | | | | | Merit | t | |
| | IMC | PA COR | 160. | YES, NO, OR UNKNOV | EVER IN U.S. ARA | WED FORCES? WAR OR DATES) | | 32 | IAL SECU | | 17. INFOR | | | | ADDRI | | | 2031 | |
| | BALTIMORE | JLD BE EXECUTED WITHIN 24 HOURS AFTER I "PENDING" IN PENCIL IN ITEM 18. GIVE PAIR FAMENCIAL EXAMINER ALONG WITH FOR ED AS A BURAL -TRANSIT PRRMIT. PAGES 1 HEALTH AND MENTAL HYGIENE, DIVISION OF REMOVAL. | | No | - | | | 217. | -09-7 | 944 | Leor | nard (| . Bl | and, | Jr. | 1610 |) Gle | neagl | e Rd. |
| | | HOURS M 18. G NG WIT RMIT. P. | | 18 CAUSE OF | DEATH (Enter onl | ly one cause pe | er line fo | or (a), (b) | , and (c).) | | | 25% | | 100 | | | | APPROXIMAT | |
| | PRESTON ST., | 24 HOUR TTEM 18. ONG W PERMIT. SIENE, D | | PARTIDEA | ATH WAS CAUSED | D BY: TE CAUSE (a)_ | Нуре | erte | nsive | card | diovaso | cular | dise | ase a | and c | hron | nic | | |
| | STO | N ALC SIT P WOV | | 100 | | | | | | | bstruc | | | | | | | | W/Gre |
| | 8 | WITHIN NCIL IN AINER A IRANSIT VIAL HY | | | s, if any, which | (b)_ | | | | | | | | | 100 | | | | |
| | 3 | PENCIL AMINER - TRAN ENTAL | | cause (a) | stating the under- | | O, OR A | SACON | SEQUENC | E OF | - 60 | III SI IS | | | | | | | |
| | 201 | N. ALAN | | lying caus | e last. | (c) | | | | | | | | | | | 1 | | |
| | DS, | EXECUTED NG" IN PRICAL EXAM N BURIAL- H AND MEI WATION, C | | PART 2 OTHER SIG | NIFICANT CONDITIONS | | OEATH RU | T NOT RELA | TEO TO THE 1 | ERMINAL DIS | ASE OR CONDITIO | ON GIVEN IN PA | ART 1 in: | | | | | | |
| | RECORDS, | BE EXEMPLING EDICAL IS A BUTTH AN | Z | | | | | | | | | | | | | | | | |
| | | PEN MEN MEN | CERTIFICATION | 19a. DATE OF | OPERATION | 19b. CC | ONDITIO | ON FOR | WHICH OF | PERATION | WAS PERFO | RMED? | - | | | | 2 | D AUTOPSY | ? |
| | TAL | SHOULD ORD "PE CHIEF A E USED A TOF HE | 1 8 | 100 | | | | | | | | | | | | | | YES 🗆 | Жои |
| | DIVISION OF VITAL | | = = | 210 EXTERNAL | CAUSE WAS | 216. TIA | AE OF II | NJURY | | 216 | HOW INJUR | Y OCCURRI | FD (ENTER | NATURE OF IN | HINRY IN ITEM | A TR PART 1 | OR PART 2) | TES L | NONE |
| | 0 | SHERE I | 1 3 | UNDERLYING | | | | MONTH | DAY YE | | | | (4 | | | | OK 7 AK 1 2) | | |
| | SIO | CERTIFICATE WITH THE WORD TO THE STANDID BE SHOULD BE DEPARTMENT OF THE STANDING BENEATOR TO BE SHOULD BE SHOWN TO SHOWN TO SHOW TO SHOW THE SHOWN THE S | MEDICAL | 21d INJURY OF | G CAUSE OF D | | P.M. | INJURY | 19 (AT HOME | 716 | OCATION | | | | | | | | |
| | Š | STIP STEP STEP STIP STIP STIP STIP STIP STIP STIP STI | ME | WHILE AT WORK | | | | RY, FARM, E | | | STREET | | | CITY OR TO | NWN | | COUNTY | | STATE |
| | _ | WARE WARE TATE | 1 | AT WORK | AT WORK | 1 | | 200 | | | | | | | | | | | |
| | | ATE SATE SOR | | 22a. 1 certify | that I pook ching | the remain | ns descri | ibed abo | ye, held ar | n Aut | apsy . | Inspectio | an . | Inquiry | X. | and in r | ту аріпіат | n | |
| | | MAN DE LE | | death resulted | d trym. Autur | of courses X | 0 1 | disability. | | Suicide [| , Hami | icide . | Undet | ermined m | anner |], | | | |
| | | XX EERT LID II WIT | | San a | 111 | 11/2 | K | 11111 | 2_ | | TITLE (| SPECIFY) | | | | | | | |
| ` | | AN TAN | | ACTUAL SIGNATURE_ | (ac | h 11, | 10 | 100 | | 1000 | M.D.ASS | istant | MED | ICAL EXA | MINER | D | ATE SIGNED | 9-8-8 | 6 |
| | | NOR! | 7 | | | | 1 | | | | | | | | | | | 250 | |
| | | A DE LE COMP | - | (TYPE OR PRIN | T) Char | rles P. | K61 | kes, | M.D. | | ADDRESS_ | 111 I | Penn | St., | Balt | 0., | MD | 21201 | |
| | | TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: 9. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | 23a. E | URIAL, CREMAT | ION, REMOVAL 2 | 3b DATE | - | 23c. N | AME OF | CEMETERY | OR CREMAT | ORY | 23d 1C | OCATION OR TOWN | | | COUNTY | | TATE |
| | 07/B4 | BP | | Burial | | 9/9/86 | | A | rbutu | s Men | norial | Pk. | E | altin | nore | C | COUNTY | MD | TATE |
| | 25M | DHMH - 17 | | UNERAL DIRECT | OR | | DOFF | | | | | 250. DATE | REC'D. BY | REGISTRA | AR 25b. RE | EGISTRA | R'S SIGN | ATHENDA | - |
| | | (VR A15 ME (5)) | W | m. C. Ma | arch F/H | 1101 46 | E. I | Nort | n Ave | nue | | SE | DO | 198 | 6 340 | المحادة | and good | -16.0 | 1 |
| | | | | | | | | | | | | 7. | " 4 | 100 | 1/3 | | | | 5) |

STATE OF MARYLAND

(VRA 15, 4)

22c DATE SIGNED MPORTANT: 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE /29/86 Burial Dulaney Valley Cem. Timonium Balto. 250. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SFP 2 9 1986 UNERAF DIRECTOR DHMH - 16 60M 7/84 E. Lowell Lemmon, 10 W. Padonia Rd., 21093

STATE OF MARYLAND

2h. HOUR

12b. KIND OF BUSINESS OR

Chemicals

Miller

APPROXIMATE INTERVAL

NO [

COUNTY

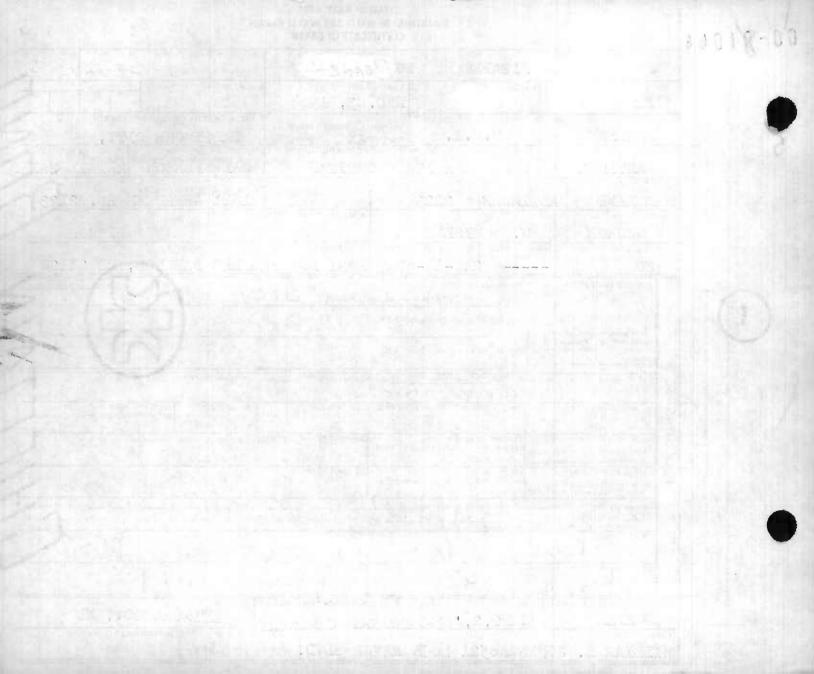
21030

1986

INDUSTRY

IF UNDER 1 YEAR

| 5 | | 100 | | | | STAT | E OF MARYLAND | | | |
|---|--|---------------|--|-----------------------------|---|-----------|--|---|---|-------------|
| 00 | 1644 | 1- | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 6 PREG. NO | 2 4 9 3 | 6 |
| | oge 3 death | | CEASED NAME FIRST (MARY | ELIZAE | BETH] | BONNI | ETT | 26. DATE OF DEATH | | PM |
| | E 0 | 3. SE | X | 4. RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | | 24 HRS |
| oge 4 | | 2. 01 | FEMALE . | | ITE | DEC | 3,0019048 | 81 | YRS DAYS HOURS | MIN, |
| 11 | eoth. P | 70. BI | RTHPLACE (STATE OR FOREIGN MARYLAND | | S.A. | MARRIE | D NEVER MARRIED D | BALTIMO | RE CITY, | MD. |
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| ₩ × | with letel | 17. 12 | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | WE | LAST | |
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| ORE | ond ond o | | | RMED FORCES? | 16b SOCIAL SECU | | 17. INFORMANT | ADDRES | | 0 |
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| W. | by the | | couse (o), stoffing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | sig ed hen to b | N | PART 2. OTHER SIGNIFICANT | CONDITIONS C | B I | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | DITION GIVEN IN PART 110 | Po. |
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| I RE | has b perm | CERTIFICATION | | - | | | | YES NOT | IN CERTIFYING CAUSES OF DEAT | H? |
| VITA | hysica ronsit Hygin 18 sh | CER | 21a. ACCIDENT WAS UNDERLYING | 110110 1 | OF INJURY .M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | | Y IN ITEM 18 PART I OR PART 2) | |
| Ö | 3 a 110 d | AL | OR CONTRIBUTING CAUSE OF D | AIR | .M. MONTH DA | 19 | | | | |
| O | hysic nding his cer buria d Ment | MEDICAL | 21d INJURY OCCURRED | | OF INJURY | Day FIC 1 | 211 LOCATION | CITY OR TOV | VN COUNTY S | STATE |
| N N | otte otte otte otte otte otte otte otte | Σ | WHILE NOT WHILE AT WORK | (AT NOME, ST | REEL TACTORY, OFFICE, FA | nam erc ; | 10 - 0 | 1 0/00 | 3 5/ | |
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| | R ATTEN haspital RECTOR red for u spt. af He | | sow the deceased alive a above, (1) (we),(did), did r | ot) view the bod | ofter death. | 1 (p . or | d that in (my) (our) apinion (| death occurred on the do | te and haur and Irom the causes sto | ated |
| | 0 . 5 . 5 | | 22b. SIGNATURE | 1 | 1 | | DEGREE | | 224. DATE SIGNED | / |
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| | should be should | 23a F | SURIAL, CREMATION, REMOVA | L 236 DATE | 123r N | IAME OF C | EMETERY OR CREMATORY | 123d. LOCATION | / | |
| | BP | - (| BURIAL | | - 4 | ARKWO | | - WYPHOTMIC | RE CO., MD | STATE |
| | | | JNERAL DIRECTOR | | | | 250. DAT | EREC'D. BY REGISTRAR | | esta- |
| | OHMH - 16 60M 7/84 (VRA 15, 4) | W | ILLIAM E. JO | HNSON8 | 521 LOCH | RAV | EN BLVD SE | P 2 1986 | Sb. REGISTRAR'S SIGNATURE | د |

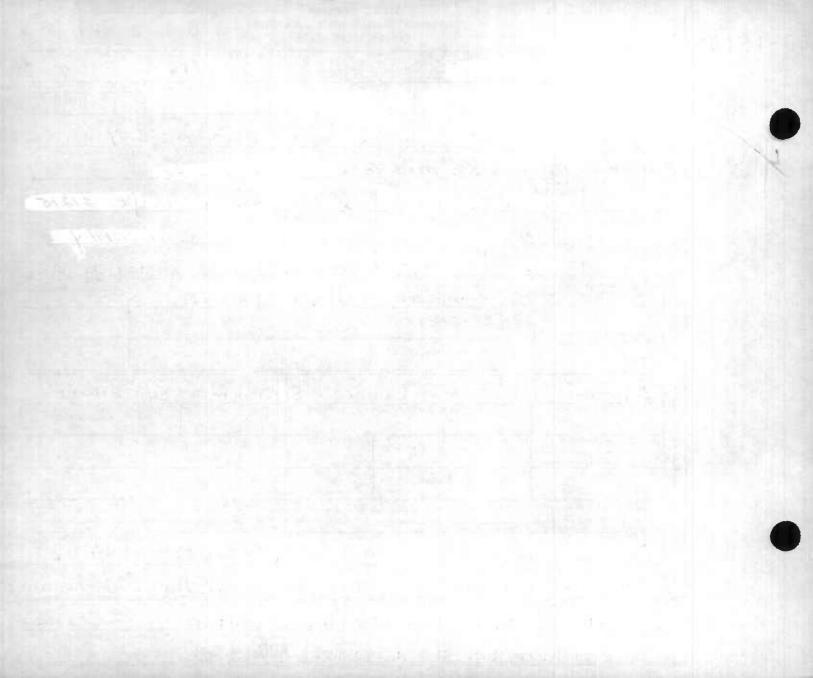


| - | | | | STATE OF MARYLAND | | |
|---|---------------|---|---|---|--|--|
| 17010 | 1. | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | 00 6 | 4 9 3 1 |
| -1/348 | I. DE | CEASED NAME FIRST | MIDDLE | LAST | REG. NO. 20. DATE OF DEATH MONTH DA | AY YEAR 26 HOUR |
| oy be | (TYP | CLEOP | HUS | BOOZER. JR. | SEPTEMBER 5, 19 | |
| moy pog | 3. SE | X | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | F UNDER I YEAR IF UNDER 24 HRS |
| rector ors af | | MALE | BLACK | 7 18, 1932 | . 54 YRS. | ONTHS DAYS HOURS MIN. |
| h. P. 2 ho | 7a B | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| toot the Land | 15, | CAROLINA | U. S. A. | WIDOWED DIVORCED | BALTIMORE CITY | MD. |
| 4/2 | | ITY OR TOWN OF DEATH ALTIMORE | (IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CEN | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126. KIND OF BUSINESS OR INDUSTRY STONE'S BAKERY |
| A (A) | 13a. | AL RESIDENCE (IF NURSING HOME O STATE 136 COU ALYLAND | R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 131. CITY OR TOV BALTIM | VN 13d. INSIDE CITY LIMITS? | 130.STREET ADDRESS / ZIP CODE | BALTO, MD. 212/6 |
| 1 | 14. E. | ATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | AME | 3 6/046 |
| | | CLEOPHUS | BOOZER | 2, SR WILLIE | MAE | MOON |
| Poges medical | | VAS DECEASED EVER IN U.S. AT | VE WAR OR DATES) | | | FOLD TEXAS |
| S. Pool | | YES KOI | REAN 213-28-1 | 1173 CHARLES D. | BOOKER 11439 | |
| ficate paper novol. ent, th | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one cause per line for (a), (b), ar | nd (cv.) | | BETWEEN ONSET AND DEATH |
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| ndin corb n, or notic | | Control of the left | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| e deot | | Conditions, if any, which gave rise to immediate | (b) Hy dru | whom | | Untrum |
| by the Sse ren L, crem | | couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQU | ence of waters by | cenar. (cown) | l was known |
| gned gned en ple buria | z | PART 2 OTHER SIGNIFICANT | 101 | DEATH BUT NOT RELATED TO THE TERM | | N IN PART 110 |
| been si mit. The prior ta any inju | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED |
| he loon. | TE | | | | YES NO YES | ING CAUSES OF DEATH? |
| IVSICIAN: T ding physici is certificate buriol-transi Mentol Hyg or Hem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | AY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI | RT 1 OR PART 2) |
| | MEDICAL | 116 INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | SITE OF LOWAL | COUNTY STATE |
| NG Proceed on the standard of the standard or | 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| LOUIN OF SECOND | | | ital) attended the deceased from. | 8-27-86 19 | | 9, that XII (we) lost |
| ATTER Sprita CCTOF d for d for m 21 i | 13 | saw the deceased alive or above, (IXwe) (did) (did W | 1 9-5-86 19_ X New the body after death. | , and that in (N) (our) apinion | death occurred on the date and haur | and from the causes stated |
| Che h | | 226. SIGNATURE | | DEGREE | | 22c DATE SIGNED |
| RAL 1 deta deta lote lote 1 | | | Solly my | | MEDICAL STAFF DIRECTOR PHYSICIAN | 19/4/86 |
| TO HOSPITAL retained by the TO FUNERAL I should be detoo with the State I IMPORTANT: IF | | DAVID SCH | | 3900 Loch Ra | iven Blvd. Baltimo | re MD 21218 |
| Show with With Man | 23a | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | |
| BP | | BURIAL | 9/10/86 GA | ALRISON FOREST VETT | BALTI | MORE, MO, |
| DHMH - 16 60M 7/B4 | | | FUNERAL HON | 1E, INC. 250. DA | TE REC'D. BY REGISTRAR 256. REGISTR. | AR'S SIGNATURE |
| (VRA 15, 4) | 25 | OI GWYNNS F | ALLS PKWY BALTO | , MO, 21216 SE | PB Theka M | undant-forganic |

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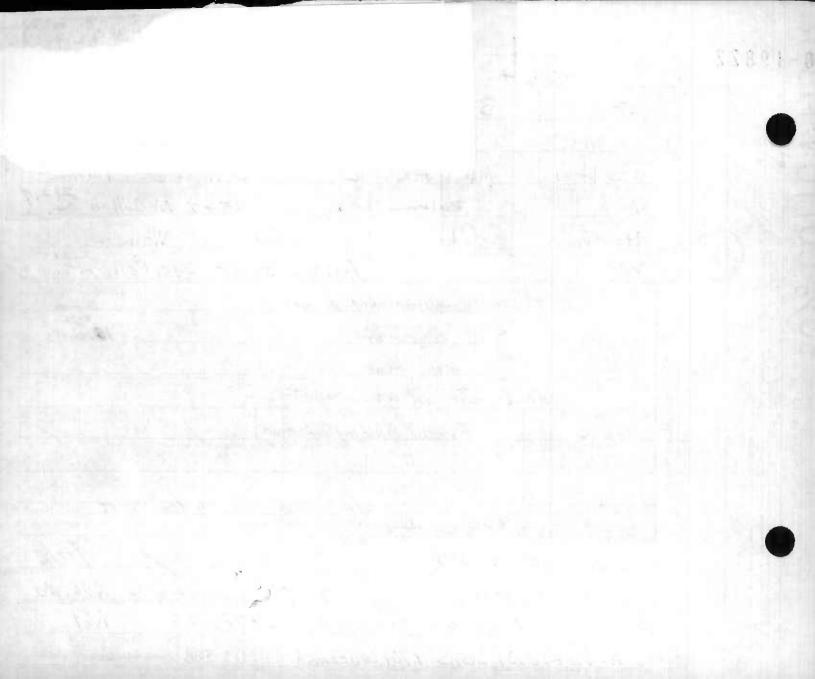
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| 1 | 1 | | | STATE OF MARYLAND | | |
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| 10-15132 | 1 | FOR - STATE REGISTRAR | DEPARTM | ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | GIENE 8 5 | 2 4 7 3 3 |
| ,010102 | I D | ECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH, MONTH | DAY YEAR 26 HOUR |
| noy be poge 3 | 1 | AGNES | E LORETTA | BOWEN | 8/11/86 | 7 4 |
| moy po | 3 S | | 4 RACE | 5. DATE OF BIPTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 MRS |
| 4 000 | | FEMALE | WHITE | 11 13 01 | 84 YRS | MONTHS DAYS HOURS MIN. |
| 1 40 P | 70. E | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. | 9 BALTIMORE CITY OR COUN | |
| 1 1/3 | | Maryland | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE, | CITY MD. |
| 11/11/10 | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 1 11 7 | 1 | BALTIMORE, MD | | ICHAEL | Homemaker | G LIFE) INDUSTRY |
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| fille ould | 1 | aryland | Baltimor | | 1913 Wilhelm | |
| | 14 F | ATHER'S NAME | WIDDLE LAST | 15 MOTHER'S MAIDEN NA | | |
| WA be a | M. | Bernard | L. Bourke | Agnie | | Murphy |
| ORE, | | WAS DECEASED EVER IN U.S. AR | | | ADDRESS | |
| ê e e | | NO . | 217-26-4 | 374 Bernard B. | Bowen 2409 Herl | kimer St. 21230 |
| SALTIMORE, MARYLAND Icote be executed within 24, bysican and mainty filler opposite the control of the control | | 18 CAUSE OF DEATH (Enter on | y one couse per the or (o), (b), and | (C) | (| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST., and by on por even even | | PART I. DEATH WAS CAUSEI | E CAUSE (O) ONGES | TIVE HEART | TAILURE | |
| on the ce | | | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| re death common te attending the ottending armove corporation, or recommon transmission. | | Conditions, if ony, which gove rise to immediate | (b) | | | |
| I W. PRESTON 5T., hot the deoth certifine by the ottending phase remove corbong 5.cremotion, or remotion, or remotions of the stroumotic even | | couse (o), stoting the | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| thoir thoir of, cor of, cor of | | underlying couse lost. | (c) | | | |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physicion. Wher this certificate has been signed to st the burdiotronsit permit. Then plea the and Mental Hygiene primit, fren plea other don't fem 18 shows any injury, or or orked or tem 18 shows any injury, or | z | 1 6 0 0 0 0 | V . A | EATH BUT NOT RELATED TO THE TERM | | IP STROKE |
| ORD reen s | CERTIFICATION | PSPIRATION 190 DATE OF OPERATION | INEUMONIA, | | PTICAEMIA, S | |
| nos bee | / DE | IVO DATE OF OPERATION | 198 CONDITION FOR WHICH | DPERATION WAS PERFORMED | IN CER | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? |
| TALR The lastion. | 1 2 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 214 HOW IN HIS OCCUP | RED (ENTER NATURE OF INJURY IN ITEM I | YES NO |
| PHYSICIAN: The ending physicio this certificate the buriol-transit ad Mental Hygie dor them 18 sho | | OR CONTRIBUTING CAUSE OF DEA | | Y YEAR | (ENTER NATURE OF INJURY IN ITEM I | 8 PART I ORPART 2) |
| HYSICIA Iding Pl Ins certif buriol-t i Mentol | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 21f LOCATION | | |
| DIVISION OF VITAL ING PHYSICIAN: The r oftending physicion fiver this certificate hos the burol-transit th and Mentol Hygeis when of them 18 sho | ME | WHILE NOT WHILE | (AT HOME STREET FACTORY, OFFICE, FA | | CITY OR TOWN | COUNTY |
| NDING of or of the ost recithous | | | ol) ottended the deceosed from | 7-9-86 10 | 810 | 10 86 that (I) /we\last |
| TEN THE STATE OF THE STATE OF T | | sow the deceased alive on, above, (1) (we) (did not | | | death occurred on the date and h | , indi (ii (we) losi |
| ok ATTEN e hospitol DIRECTOR oched for u Dept of He | | above, (1) (we) Idid) (did not 22b. SIGNATURE | view the body after death. | DEGREE | | 221. DATE SIGNED |
| the the control of th | | Lasneeu | So. 011. | MALA) ATTENDING | MEDICAL STAFF | Stules |
| PITA by VERA be de | 1 | 22d. PHYSICIAN'S NAME (TYPE OF | R PRINT) | PHYSICIAN [| DIRECTOR PHYSICIAN | 10/11/86 |
| O HOSPITAL OR etained by the hortoned by the hortone to FUNERAL DIRE with those detaches with the State Depth MMPORTANT. If here | | TAINEEM | (AKHAN) | 7220 PARK | HEIGHT AVE | BALTO MD 21208 |
| The Short of the state of the s | 23a. | BURIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY | 23d LOCATION | THICO TOTO AT TO |
| BP | | (SPECIFY) Burial | | ew Cathedral Cem. | Baltimore | Maryland |
| | 24 F | UNERAL DIRECTOR | | | TE REC'D. BY REGISTRAR 25b. REGI | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | L | ubbard Funeral 1 | Home Inc. 4107 | | 10 4 = 4000 | Davidson-Horacian |
| | | appara Lanerar | TOTAL TIPE | 11221010 11401 | - 20 1000 1 | |



DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE KNOWN X DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED WILLIAM H SR. BOWERS . 19 86 4 RACE SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c DATE VEAD LAST BIRTHDAY) PRONOUNCED 12 73 YRS DEAD Male White 12 Th CITIZEN OF WHAT COUNTRY? A RIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION LTYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Chesapeake Baltimore 22 S. Addison St. Truck Driver SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 2120 136_COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 122 S. Addison Street Baltimore Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDIOLE Hieslex William Bowers Carie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 218-07-0850 William H. Bowers, II 112 S. YES WW TT CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF DEPARTMENT OF DEPRIOR TO BURIN YES [NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inquiry X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from Natural causes Undetermined manner EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, A BALTIMORE, M Assistant DATE 9-21-86 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Md. 9/24/86 Meadowridge Mem. Park Elkridge Howard Burial 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 28. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I W. PRE\$TON STREET, Bradley Michael DEATH MATED 13/19 86 4. RACE 3:20 P M S. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR 3 SEX IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED M DEAD 13/10 86 To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS 5 x4 WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Baltimore 1520 W. Lanvale St. (car) ORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a STATE 13h COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS SALTIMER 5 14 FATHER'S NAME HORO4 17 INFORMANT 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES! BRABLEY SILW CALMOUN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple (5) Gunshot Wounds IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR KM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 13/19 86 3:10P.M. 9/ 13/19 21e PLACE OF INJURY (AT HOME. subject found in auto shot 211 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMNER: THIS CEI EXECUTETHE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. WHILE AT WORK auto parked at 1520 W. Lanvale St... Balto. X 220. I certify that I took charge of the remain described above, held an Autapsy Inspection and in my apinian Hamicide X death resulted from Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 9/14/86 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St. Smialek, M.D. (TYPE OR PRINT) **ADDRESS** 23g, BURIAL, CREMATION, REMOVAL 123b, DATE 07/84 25M 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE Witaniface & Hays 1835h. granon st **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MIDDLE 2b HOUR DECEASED NAME EIRST (TYPE OR PRINT) PATRICIA BRADY 86 JANET 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOTHES Female White 35 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City USAA PENNA. WIDOWED [DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET F NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Baltimore Sinai Hospital of Baltimore N/A USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN ADAMS McSherrystown 77344 Pennsylvania YES NOF 639 North St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE CLARA FIRST ELIZABETH COULDEN EART. FRANCIS WEAVER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Enrico P. Veltri.MD 17 INFORMANT LIE YES GIVE WAR OR DATEST Sinai Hospital **KKKXXXXXKKKHXKKXXXX** No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Incessant ventricular tachycardia 2 hours IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Coronary Artery Disease Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. NO 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF IN ILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF FITHER NOTIEY MEDICAL EXAMINER) MEDI 21L LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 9-9-86 10 86 22a.1 certify that (1) (this haspital) attended the deceased from 86 , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated did not view the body after death 17h SIGNALU DEGREE 22c DATE SIGNED ATTENDING MEDICAL M.D. PHYSICIAN X DIRECTOR PHYSICIAN 9-17-86 22e ADDRESS ld b IMPORT Emrico P. Veltri, M.D. Sinai Hospital of Baltimore 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE SEPT. 22,1986 ANNUNCIATION CEM. MeSHERRYSTOWN, ADAMS, BURIAL Fine Funeral Home Reisterstown, Md. \$6 60M 7/84 (VRA 15, 4)

WHILE E SEE RENT, 22, THE ADMINISTRATION OF S. S. COMES VECCHI, ADMIS, 28.

19 5 5 5 500 THE PARTY OF STREET

STATE OF MARYLAND

| | | | - 1 | | | | | | | STAT | E OF MARYLAND | | | | | |
|----------------|--|------------------------------|------------|---------------|--|------------|-----------------------------|------------------|------------|-------------|--|---|-------------------|-------------------|-------------------------|---|
| 2020 | | | plores | 1 - | FOR STATE | | , | DEP | ARTM | | EALTH AND MENTAL HY | GIENE | 6 6 | 2 | 4 | 45 |
| nn - | - 197 | 3.0 | 30 | | REGISTRAR | | | | | 47,81 | | | REG. NO. | | | |
| 0 0 | 9 6 | tho | 4 | | OR PRINT! | FIRST | | MIDDLE | I | | DENBURG JR | | DEMBER | | | 7:28 P |
| 100 | you | P | 76 | 3. SEX | | | 4 RACE | | | 5. DATE C | OF BIRTH | 6 AGE (II | YEARS LAST BIRTHD | AY) IF | UNDERTYEAR | F UNDER 24 HRS |
| | ge 4 n | | | | MALE | | WHIT | | | 07 | - 11 - 24 | | 52 | YRS. | | HOURS MIN. |
| | P. P. | PS 8 | 30 | | THPLACE (STATE OR FOR | REIGN | 76 CITIZEN OF | WHAT COUN | NTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIM | ORE CITY OR | COUNTY | OF DEATH | |
| | 1 | n 7 | o po o | | RYLAND | | USA | | | WIDOWE | | . 1 | LTIMOR | E CI | TY | MD. |
| . 1 | 5 W.A. | E P | | 10 C11 | Y OR TOWN OF DEATH | 4 | 11 NAME OF | HOSPITAL, N | URSINC | HOME | OR OTHER INSTITUTION | | L OCCUPATION | | 12b. KIND OF I | BUSINESS OR |
| 1 1 | s off | led tot | 53 | RA | LTIMORE | - | | | | | SPITAL | | RICAL WO | | OFFI | CE |
| 212 | יות ייו | be see | | | L RESIDENCE (IF NURSING | HOME OR | OTHER INSTITUTION. | GIVE RESIDENCE | BEFORE A | ADMISSION) | | | | W | | |
| 9 | क् ब | Pini | 35 | | RYLAND | CARI | | 13c. CITY OF | SVII | LE | 13d. INSIDECITY LIMITS? | | ADDRESS / Z | | D 2178 | 4 |
| TLA | right. | sho | -4 | | THER'S NAME | Ozza | TO LL | DIII. | | | 15 MOTHER'S MAIDEN N | | CARTE | 110711 | 0 2170 | * |
| MARYLAND 21204 | (U) = | S. J. S. | -0 | | WILLIAM | | AIDDLE | BRAND: | ENBU | | LOUISE | | BERR | | BERR | Y |
| ORE, | PPP' | dicol | - | | AS DECEASED EVER IN | | MED FORCES? | 16b SOCIAL | SECUR | RITY NO. | 17 INFORMANT | | ADDRESS | | | |
| BALTIMORE, | | Ppg | 1 | _ `` | NO | | | 213 | 16 (| 0970 | ERIKA U. BR | ANDENB | JRG SY | (ESVI | LLE, MD | 21784 |
| SALT | 100 | # d # | | | 18 CAUSE OF DEATH PART I. DEATH WAS | Enter on | y one couse per | line for (o), (| bi, and | (C).I | | | | | APPROXIMA BETWEEN ON | ATE INTERVAL |
| ST., E | 171 4 | ven 9 | 1 | | PART I. DEATH WAS | SCAUSE | D BY: E C AUSE (a) | CARDIA | te A | RRES | T | | | | _ | - |
| Z. | Cer | orbo | Na motion | | | WILDIA | | R AS A CON | | | | | 100 | 1 | | |
| RESTON | - | | | | Conditions, if any, v | which | (, ,) | SKAM- | NE | GATIV | E SEPTIC : | SHACI | < | | 241 | hrs. |
| PRE | - P 0 | moti r tro | 997.1 | | gove rise to imme cause (a), stating | diate | | | | | | | | | | |
| _3. | red by the please red by the p | | | | underlying cause | | DUE TO, O | RAS A CONS | PFAI | INCE OF | ELATED TO | CHEMI | THERAI | VC | I I W | k. |
| Ugy | | | | | PART 2. OTHER SIGNIE | ICANTO | | | | | NOT RELATED TO THE TER | | | | NI INI DART 1 | |
| SQ | 95 | hen to b | ny injury. | Z | SEZAL | 24 'S | | VDRON | VIE | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .02 011 0011011 | | | |
| Ö | 3 00 | orior | | CERTIFICATION | 190 DATE OF OPERATION | 11 - | - 11 | ITION FOR W | /HICH C | OPERATIO | N WAS PERFORMED | 20a AU | TOPSY? 2 | Ob. IF YES, | WERE FINDING | SS USED |
| × | a. n. | E 14 | 1 | IFIC | 9-7.4-8 | 6 | ACI | ITE A | S Da | MEN | | VEC | NOU | N CERTIFYI YES | ING CAUSES O | PF DEATH? |
| IA | : Th sicio | Hygiene B shows | + | ER | 210. ACCIDENT WAS UNDER | LYING [| 21b. TIME O | | 220 | IVILI | 21c. HOW INJURY OCCU | RRED (ENTER | | | | NO [] |
| Q > 40 | Phy | - | Cal | | OR CONTRIBUTING CAL | JSE OF DEA | TH HOUR A. | M. MONTH | H DA | Y YEAR | | | | | | |
| N | YSIC | Mento r Hem | -/1 | MEDICAL | (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE | | P., 21e. PLACE | | | 19 | 211 LOCATION | | | | | |
| NOISION | PH tend | the bu | 1 | ME | WHILE TO NOT WHILE | | | REET, FACTORY, O | FFICE, FAI | RM ETC } | STREET | | CITY OF TOWN | | COUNTY | STATE |
| 20 | After of A | Ith of | | 316 | | _ | | | | Sen | IMAD 711 QL | | | D 15 | 0/2 | |
| | pitol o | for use of Hea 21 is m | | | saw the deceased above, (1) we did | alive on | SPIEMOL Sylview the body | R 26, | 19 8 | 6 .01 | the Z4, 19.86 at that in (my Gur) apinio | n death occur | red on the date | and hour | ond from the co | uses stated |
| | hos hos | ched Dept. | | | 22b. SIGNATURE | | | 0 | | | DEGREE | | | | 22c DATE SI | GNED |
| | the the | à = | | | Thomas | 110 | dams (| Assage | 7 A | 1. D | ATTENDING PHYSICIAN | MEDICA DIRECTO | R PHYSICIA | NTK | Botheres | 01 25, 1984 |
| | HOSPIT, med by | be deto | 7 | | 22d PHYSICIAN'S NAM | AE (TYPE O | PRINTI | -0000 | | | 22e ADDRESS | | | | - The same | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | HOS | BE OK | | | THOMAS A | MAN | 15 CARS | MN/ 1 | ND | | JAMAK HAD | KINS 1 | TOSPITA | L. RA | ITIMORF. | MD 2120 |
| | 5 g 5 | shouls with t | + | 230 BI | URIAL, CREMATION, RE | | 23b. DATE | WIV) ! | 23r N | AME OF C | EMETERY OR CREMATORY | | CATION | 1 41 1 | -1/110/[- | W. LIFU |
| | BP | | | | BURIAL | OTAL | 9-29- | 86 | | | HAPEL CEMETE | 1 (| TY OR TOWN | GT DA | COUNTY | STATE |
| | Dr_ | | | 24 FU | NERAL DIRECTOR | | 3-23- | 00 | WAI | MD C | 1250 D | | REGISTRAR 25E | | | MD |
| | DHMH - 1 | | 84 | | NAME | T LIO | ME CVARA | ADD | RESS | | S | FP29 | 1986 | JULY WALL | LESPACE ACTIONS | |
| | (VRA | 15, 4) | | HA | IGHT FUNERA | T LO | TE SYKI | ESVILLE | 1, M | D_{217} | 84 | | 1/ | | | |

| | | FOR · | DEPA | STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY | GIENE & & | 2 4 2 4 5 | | | |
|---|---------------|--|---|--|--|---|--|--|--|
| | 1 | STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 2 4 7 4 0 | | | |
| 3 24 | I. DE | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR | | | |
| 1 11 0- | 3. SE | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | |
| 1 1 25 | | Female | Rlack | 8- 24- 03 | 83 YRS | MONTHS DAYS HOURS MIN. | | | |
| A SET SAN | 7a. B | RTHPLACE (STATE OR FOREIGN COUNTRY) | 16. CITIZEN OF WHAT COUNTY | MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore C | | | | |
| | 10 C | ITY OR TOWN OF DEATH | | SING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI | 12b. KIND OF BUSINESS OR | | | |
| - 4T |)ва | altimore | The Union Memo | orial Hospital | Housewife | | | | |
| 社 新五 | 13a : | AL RESIDENCE (IF NURSING HOME CO | 1 | OWN 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 2019 No We | LF- 5+ 212 | | | |
| 1 10 | 14. F/ | ATHER'S NAME LET | MIDDLE DANKLAST | 15. MOTHER'S MAIDEN N | AME MIDDLE | LAST | | | |
| 1 50 50 | 160 \ | WAS DECEASED EVER IN U.S. A | RMED FORCES? 16b SOCIAL SI | | KNOWN | #312 | | | |
| Poge: | 1 | YES DOORUNKNOWN) (IF YES, G | 24.20 | 92344 Dorothy | Knight 2019 | NI. WOLFEST | | | |
| sicro person of. | | 18 CAUSE OF DEATH (Enter of | inly ane cause per line for (a), (b) | , ond (c .) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| phy npo mov | 100 | PART I. DEATH WAS CAUS | ATE CAUSE (a) CARDIO | - Sulmonary ARI | REST | | | | |
| ding brbo or re | 1 | | DUE TO, OR AS A CONSE | OUENICE OF | | | | | |
| then then ve ci ion, | 100 | Canditions, if ony, which | 0 | reatic carriner | nen | | | | |
| he de | | gove rise to immediate couse (a), stoting the | 10, | | | | | | |
| by the | | underlying couse lost. | DUE TO, OR AS A CONSE | QUENCE OF | | | | | |
| pleo priod | | 2427.2 071/52510-1/515 | (c) | | | | | | |
| sign sen po bu | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GI | VEN IN PART TO | | | |
| y inj | CERTIFICATION | congestive | heart toulu | | | | | | |
| ad se man | O. | 190 DATE OF OPERATION | 196 CONDITION FOR WH | ICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YE | S, WERE FINDINGS USED FYING CAUSES OF DEATH? | | | |
| The la ricion. | = | 9-16-86 | Pancegan | ic CANCER | | S NO | | | |
| | 1 8 | 210. ACCIDENT WAS UNDERLYING | | 21¢ HOW INJURY OCCU | IRRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | | | |
| 75 22 - 1 | | OR CONTRIBUTING CAUSE OF DE | | | | | | | |
| r SICIA | 5 | (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | | 211 LOCATION | | | | | |
| ottending ter this is the bund M n and M rked or | MEDICAL | WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF | | CITY OR TOWN | COUNTY STATE | | | |
| Af Se of the se | | 22a I certify that (II (this hosp | oital) attended the deceased fra | m 9-61 19 | 6 to 9-28 | 19 86 tho (1) we) lost | | | |
| TEN OR Or O | | sow the deceased alive a | n 9-27 not) view the body after death. | 9 86 , and that in (my) our) opinio | n death occurred on the date and hou | ond I am the causes stated | | | |
| R ATT hospined fo | | obove (I) we) (did) (did n | ot) view the body after deoth. | | | | | | |
| the hose toched toched to Dept | | 226. SIGNATURE DEGREE 226. DATE SIGNED | | | | | | | |
| Al Al Al Jeto | | (French (| Suity us | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/28/86 | | | |
| HOSPITAL ned by it FUNERAL uld be det the Stote | 1 | 228. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | | Alexander and a second | | | |
| HOSPIT med by FUNER wild be on the Ste | | DEST | Ria | Maria Ma | morial Hosp ? | N 5 11 0. | | | |
| TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT: | - | LYSRENT | DIRELY | | | WI E. Univ. PKI | | | |
| | 100 | BUILLAL EREMATION, REMOVA | | 31. NAME OF CEMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE | | | |
| BP | - | | 10-4-86 | BALTU. Cem. | BAITTO | mag. | | | |
| | 24 F | UNERAL DIRECTOR | | | ATE REC'D. BY REGISTRANDA HEGE | TRANS SIGNATURE AND | | | |
| DHMH - 16 60M 7/84 | 1 | 1 NAME C | ADDREY | 26 N (15) | ~ 0 7 1000 Alia Des | Addon-Markanca | | | |
| (VRA 15, 4) | 1 6 | Jello runer | LA 110me 11 | Alle Adoline !! | 103 1990 | | | | |

O Bellani

| (TYP | CEASED'NAME | Temte | | Steven | | Bra | vermar | 1 | | OF EST DEATH MAT | TI- | MONTH D | AY YEAR | 26 HOU |
|---------------|--|--|---|--|------------------------|--------------|------------------------------|---------------------------|-----------|--|----------------|--------------|----------------|-------------------|
| J. SEX | | WHITE | | 4,1962 | LASE (IN YE) | MONTH | | IF UNDER | 24 HRS. | PRONOUNCED DEAD | | 9-6 | 19 86 | 11:4 a. |
| MÁI | RYLAND | | | OF WHAT COUN ISA | ITRY? | MARRI | | VER MARRII | | 9. BALTIMORE Balti | _ | City | | M |
| 1 | TY OR TOWN O | re / | water | FHOSPITAL, NU UCH FACILITY, GIVE S beneath | HOWAY | d St | | | | JAL OCCUPATION MOST OF WORKING I NONE | ON (TYPE OF | | | USINESS 'RY |
| Ma | ry land | IF IN NURSING HOME 13b. COUL BAL | OR OTHER INSTITUT VTY TIORE | ION, GIVE RESIDENCE | timore | ON) | YES LA | NOXX NOXX | 751: | 2 LISBUE | KAXXX RNE R | YXXXX D. | X 21208 | |
| 2 | | LIAM | | VERMAN | LAST | | F | R'S MAIDE IRST ETHE | | WIDDLE | | CAPL | last AN | |
| lia V | VAS DECEASED ES, NO, OR UNKNOW YES | | RMED FORCES? E WAR OR DATES) INES | | -86-6 | | 7512 | LII | | ILLIAM A | | | 21208 | 3 |
| z | gave ris cause (a) fying caus | is, if any, which e to immediate stating the under select. | (b)_ DUE TO | O, OR AS A CON | ISEOUENCE (| OF. | OR CONOITIO | N GIVEN IN PAR | T 1 to t. | | | | | |
| CERTIFICATION | 190. DATE OF | OPERATION | 19b. CC | ONDITION FOR | WHICH OPER | ATION W | AS PERFOR | MED? | | | | 2 | 0 AUTOPSY | |
| MEDICAL CERT | UNDERLYING | CAUSE WAS OR Pri | DEATH HOU | ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY | ? 1986 | Sul | | | | nature of Mujury in floati | | | YES ₩ ter | NO [|
| ME | WHILE AT WORK | | STREE | eneath | TC.) | S | rreet | Fall | S | CITY OR TOWN Balto | 5 8 | COUNTY | | STATE Md. |
| | 220. I certif death resulte ACTUAL SIGNATURE_ EXAMINER'S I | May | prol couses [| Accident A. Kor | D, Sui | Autop: | Homic TITLE (S D. ASSI | PECIFY) Lstant | Undete | Inquiry Inquir | ፟ ፟ | DATE SIGNED_ | 9-7-8 21201 | |
| 23e.B | | ION, REMOVAL | | 23c 1 | NAME OF CEA BALTIMO | AETERY O | RCREMATO | ORY | 23d. LC | EISTERS! | | BAL'T | | D ^{TE} 7 |
| 24. F | NA 6010 | TOR SC REISTERS | | INSON & | | , INC 212 | | 250. DATE R | EC'D. BY | REGISTRAR 25 | b REGISTE | AR'S SIGN | ATURE | - |

C & 18 49 1 Id Estimated r.on × 16 CITH DRAL Siret TORE

STATE OF MARYLAND - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH TTYPE OR PRINT ESTI-DEATH MATED 26 19 86 Anna Brayden 4 RACE & AGE IN YEARS I IF UNDER 1 YR DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED 5:22P Female Dec. 31,1933 52 YRS White DEAD 26 1986 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore USA DIVORCED Baltimore City. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Homemaker Francis Scott Key Medical Center Baltimore VAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS AA Maryland Glen Burnie 1009 Genine Drive 21061 NOTY FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Wisniewski Bielatowicz Mary 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 213-30-4397 No Mary Margaret Brayden, Same as 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Thermal injuries with complications IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE USE STANDING TO BE USE TO BE USE TO BORING YES NOX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 23 19 86 Subject set self on fire 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 1009 Genine Drive home PAGE 4 SHOULD BE FURNING TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAET MORE, MARYLAND, 212 A.A. Co, MD. Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Suicide X Homicide Undetermined monner Natural causes Accident TITLE (SPECIFY) ACTUAL 9/27/86 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Sept.30,86 Holy Cross Cemetery AA Baltimore MD 07/84 250. DATE RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** James S. Kirkley, Glen Burnie, MD and which doesn- a parallely (VR A15 ME (5))

| | | STATE OF MAKTLAND | |
|--|--|--|--|
| 0-17831 | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYG | |
| 0-1/031 | REGISTRAR T. P. C. S. | Edwin Brenneman, CERTIFICATE OF DEATH | O REG. NO. |
| A STATE OF THE STATE OF | I. DECEASED NAME FIRST | MIDDLE LAST | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR |
| oge 3 deoth | (TYPE OR PRINT) LERU | y E Brenneman | 9 12 86 8 OFAM |
| og dec | | 1 | - C FIM |
| ffer h | 3. SEX 19 10 | 1 RACE S. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER T YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| rs o ecto | 1-14/18 | Caucasian 5 20 35 | S / YRS |
| 8 99 10 | . BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8. | 9. BALTIMORE CITY OR COUNTY OF DEATH |
| 18 80 5 | Md. | U.S.A. MARRIED NEVER MARRIED WIDOWED DIMORCED | Baltimore City |
| 24 | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION | 12 DUSUAL OCCUPATION 126 KIND OF BUSINESS OR |
| 410 500 | Balto. | University Hospital | Press Operator Envir. Elem |
| 20 11 | | | Tiess operator bilvir break |
| A 12 55 201 | USUAL RESIDENCE (IF NURSING HOM 130 STATE 1136 CC | E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNTY 136. CITY OR TOWN 131 INSIDE CITY LIMITS? | 13e.STREET,ADDRESS / ZIP CODE Apt. A 1 |
| 2 1 ET 07 | Md. | ltimore Baltimore YES NOV | 6707 Havenoak Rd. 21237 |
| TLA | FATHER'S NAME | 15. MOTHER'S MAIDEN NA | |
| A Blet | FIRST | MIDDLE LAST FIRST | MIDDLE LAST |
| W De E | Luther 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT | Clough |
| OR od | LYES NO OR LINKNOWN) LEYES | GIVE WAR OR DATES) | Apt. A 1 |
| IIM | Yes Pe | acetime 216-30-5596 Delores Br | enneman 6707 Havenoak Rd. |
| ALT ALT | | r only one couse per line for (a), (b), and (c) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| physic movel. | PART I. DEATH WAS CAL | JSED BY: (ARNI) PH MANDAY ADDEST | |
| S ert e | IMMEL | | |
| TO ath | No. of Contract of | DUE TO, OR AS A CONSEQUENCE OF | |
| he death contending and to the death contending or retroumation, or retroumation. | Conditions, if any, which gave rise to immediate | | |
| | couse (a), stating the | | |
| 1 W. | underlying couse lost. | (c) HEART FAILURE | |
| res th med th plea ourial, y, or q | PART 2 OTHER SIGNIFICAN | NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN IN PART 110 |
| PECORDS. | 190 DATE OF OPERATION 9/11/8C 210. ACCIDENT WAS UNDERLYING | | |
| Bond Priority | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED |
| | 9/11/86 | Severe CAD | YES NO YES NO |
| NG PHYSICIAN: The other this certificate his ost the buriol-tronsit principle of the ond mental Hygien or head or Item 18 stays. | 21a. ACCIDENT WAS UNDERLYING | | YES NO YES NO REPORT TO THE NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) |
| PF VITA IAN: TI physicir inficate informati of Hygin 18 sept | 00.00-170101/01/01 0.11/00.00 | LIGHTS A 14 MONTH BAN WEAR | (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) |
| ON OF 14YSICIA ding ph ding ph buriol-tr Mental or Item 1 | S (IF EITHER, NOTIFY MEDICAL EXAM | | |
| HY ndir | (IF EITHER, NOTIFY MEDICAL EXAM | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET | CITY OR TOWN COUNTY STATE |
| VISIO G Pr onten ond ond ked o | WHILE NOT WHILE AT WORK | (AI HOME, SINEET, PACTORY, OFFICE, PARM, ETC.) | - 1- |
| Africal African | | ospital) attended the deceased from Sept. 9 19 86 | to Sex. 12 19 86 that (1) (we) lost |
| Z S S S S S S S | sow the deceased alive | on Sept 1219 86 and that in (my) (our) opinion | death accurred on the date and hour and from the causes stated |
| SP CT CT | obove, (I) (we) (did) (did | nat view the body ofter death. | |
| 0 0 0 0 | 22b. SIGNATURE | DEGREE ATTENDING | MEDICAL STAFF 220. DATE SIGNED |
| At the AL | 1000 | PHYSICIAN [| DIRECTOR PHYSICIAN 9/12/86 |
| A Par TAN | 224 PHYSICIAN'S NAME (1) | PE OR PRINT! 22e ADDRESS | |
| TO HOSPITAL retained by the TO FUNERAL should be deto with the State with the State | -EDERDWIN | CZ. DAVIEL PATRICK UMMS | ZZ. S. GREENE STR., BOUT. MD. |
| should with | 230 BURIAL, CREMATION, REMOV | | 123d LOCATION |
| 200 | Burial | | CITY OR TOWN COUNTY STATE |
| BP | | 9-15-86 Holy Redeemer Cem | . Balto. Md. |
| DHMH - 16 60M 7/84 | 24 FUNERAL DIRECTOR 33 | 31 Brehms Lane 21213 neral Home Thc. 250 DAT | E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE |
| | | | |

18371-00 and the second second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME 2h HOUR (TYPE OR PRINTS KICHARD 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 13 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Pennsylvania DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Self PALTIMORE Toolmaker BALTIMORE GENERAL HOSP USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 7 N. CINWOOD BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE SCHULTZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN Baltimore, Maryland (IF YES GIVE WAR OR DATES) 84-34 Bonnie Brereton Linwood Avenue 7 N APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 706. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENJER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIA 774 PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS MPORT BALTIHORE 0 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Md^{STATE} Burial Baltimore 9/9/86 Loudon Park 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRA DHMH - 16 60M 7/B4 Raymond C. Fink Glen Burn E. Md 21061 (VRA 15, 4)

30-17275 MALE CHARGODAL S & B THE The supplement of the suppleme METATORIES TO THE SENSE SENSE SENSES STORY SHOW SHOW SHOW PID THE STATE OF PARTIES OF MENTER WE STEEL Mary 1 C 7 Car Chan Turnia 16 A francis

| FOR STATE REGISTRAR | DEPA | STATE OF MARYL ARTMENT OF HEALTH AND CERTIFICATE OF | MENTAL HYGIEN |
|---------------------------|-----------|---|---------------|
| CARRIED ALLESSES | 31/7/7144 | 12A1 | 10 |

2 4 9 5.

| | THE SECTION IN . | | | REG. NO. | | |
|---|--|--|---------------------------------|--|-----------------------------|---------------|
| 1 | DECEASED NAME PHIL | MIDDLE | C and C | 20 DATE OF DEATH MONTH | DAY YEAR 2b | HOUR P |
| 1 | HELEN | XADIE MIKY | BRENER | - 78114 Ad | 1914 | , jo M |
| | FEMALE | AU S. DATE O | DEBIRTH OF IGIN | 6. AGE (IN YEARS LAST BIRTHDAY) YRS. | | JNDER 24 HRS |
| 7 | To BIRTHPLACE I STATE DIAGRADIA | 76. CITIZEN OF WHAT COUNTRY? 8 | - DAUGUED WARRIED TO | BALTIMORE CITY OR COUNT | Y OF DEATH | |
| 1 | BATTO | V >) WIDOWE | | CIJ | X | MD. |
| - | Balto. | 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY OF THE PROPERTY OF T | OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE) OF WORK FOR MOST OF WORKING | 12b. KIND OF BU INDUSTRY | ISINESS OR |
| 1 | STATE OU | institution, give residence before admission) | YES NO | 130 STREET ADDRESS / ZIP COD | B) A 2/3 | 生111 |
| 1 | CFMC B | MODE WAY | 15 MOTHER'S MAIDEN NAME FIRST | WE | LAST | |
| | | 216-07-4229 | 17. INFORMANT HUSB | ADDRESS | | 940 |
| | 18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS | only ane cause per line for 10°, (b), and (c) | Cala | 01.11 | APPROXIMATE BETWEEN ONSE | INTERVAL |
| | The state of the s | ATE CAUSE (a) CONCENIONE | 4 July | Stade | | 122 |
| | | DUE TO, OR AS A CONSECUTENCE OF | 0 20 000 | | | |
| | Conditions, if any, which gave rise to immediate | (b) | ecoses | | | |
| | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | | | | |
| | | CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | IVEN IN PART 110 | F 41.51 |
| | IN DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | | ES, WERE FINDINGS | |
| 4 | ± / | | | | IFYING CAUSES OF | DEATH? |
| | | TIME AND | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) | |
| | 214 PATHER POLICE REPORTS | | 211. LOCATION | | | |
| | The second secon | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY | STATE |
| | | pital attended the deceased from | 1 1965 | to EST M | 19.86 that | (I) (we) last |
| | sow the deceased alive a | | nd that in (my) (oyf) apinion o | death occurred on the date and ho | our and from the caus | ses stoted |
| | 27 MATURE | Monte hot | DEGREE ATTENDING | MEDICAL STAFF | 9/2 | TR |
| | 22 PERSTELANTS HOME ITHE | CHIPMING . | 22e_ADDRESS | DIRECTOR PHYSICIAN | 1/10/ | 204 |
| | DOWAZOW | NINTER MO, | 13009 EV | ERGREEN A | MR. BAZ | to aid |
| | 334 BURIAL CREMATION, REMOVA | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| | Removal | 9-29-86 | | | | |

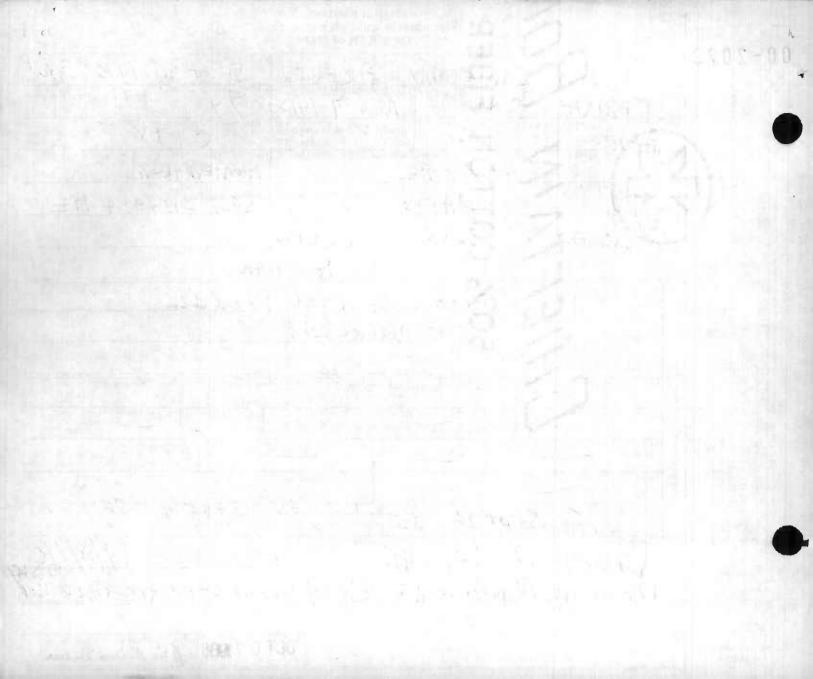
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

Anatomy Board

Balto., Md.

25-DATE REC'D, BY REGISTRAR 25h, REGISTRAR'S SIGNATURE Julia Divideon Rendole



13e STREET ADDRESS / ZIP CODE 130 N. Belnord Ave -21224 218-28-367 Joseph Brietenback-130 N. Belnord Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minnter PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE init that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 12. 2122 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Holly Hill Mem. Park-Baltimore, Maryland 9/19/86 Burial 24 FUNERAL DIRECTOR JOHN A. Moran, Inc. Funeral Homeaterec D. By REGISTRAR 256 REGISTR DHMH - 16 60M 7/84 3000 E. Baltimore St.; Balto., Md. 21224 (VRA 15, 4)

STATE OF MARYLAND

Momemaker

the death, and the second of t

| | | | STAT | E OF MARYLAND | | |
|--|--|--|-----------------------------------|--|---|---|
| | FOR STATE REGISTRAR | | | HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 8 6 | 2 4 4 5 3 |
| 6976 | EASED NAME FIRST | AIDDLE | | LAST | REG. NO | |
| n co _c (TYPE C | OR PRINT) | | | LASI | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOUR |
| y a po po g g g g g g g g g g g g g g g g g | Howard, H | Briggs ,Sr | Trans. | | | 1986 11:10 |
| 3. SEX | | 4. RACE | 5. DATE | DF BIRTH | 6. AGE (IN YEARS LAST BIRT | MONTHS DAYS HOURS MIN. |
| ors or | male | black | | 2 22 1963 | 83 | YRS. |
| | THPLACE STATE OF FOREIGN | 76 CITIZEN OF WHAT | OUNTRY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH |
| 76/ | Md | USA | WIDOW | | Baltimore. | city MC |
| 10 CIT | Y OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY | | OR OTHER INSTITUTION | 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF | |
| | altimore | St. Agnes | Hospital | | Retired | Railroad Co. |
| USUAI 13a ST | ATE 136 CO | ON OTHER INSTITUTION, GIVE RESI | DENCE BEFORE ADMISSION) Y OR TOWN | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP CODE |
| | Md O | all 1 | rbutus | YES NO 💢 | 13e STREET ADDRESS / | rrace 21227 |
| ~ G / | HER'S NAME FIRST | WIDDLE | LAST | 15. MOTHER'S MAIDEN NAM | | TZAL |
| De la | loseph | T. | Briggs | Mary ""st | E. MIDDLE | Taylor |
| | AS DECEASED EVER IN U.S. A | THE WAR OR DATES | CIAL SECURITY NO. | 17. INFORMANT | ADDRE | |
| E (YE | No | 712- | 07-6532 | Florence Briggs | 109 Brown Ter | race |
| - 4 T | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | anly one cause per line far | (a), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| mov went | | SED BY. ATE CAUSE (a) | reumonis | 2 | | |
| ding or re offic | | | CONSEQUENCE OF | | | |
| ottend otien, c | Canditians, if any, which | (1b) (Z) | Preumo | thorax sp ch | est tule ble | Element |
| en fr | gave rise to immediate cause (a), stating the | DUE TO OP AS A | ONSEQUENCE OF | | | |
| ol, cr | underlying cause last | | 1 | meurymn ; | Sp surgery | |
| N burio | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBL | UTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONE | DITION GIVEN IN PART 1(a) |
| ansit permit Then Hygiene prior to b 8 slot and injury CERTIFICATION | | | | | | |
| C C | 90. DATE OF OPERATION | 196 CONDITION F | OR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| it pe | | | | | YES NO | YES NO |
| | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | | Y ONTH DAY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2) |
| SAI Canto | (IF EITHER, NOTIFY MEDICAL EXAMIN | CA III | 19 | | | |
| | TIE INJURY OCCURRED | 21e. PLACE OF INJU | ORY, OFFICE, FARM, ETC.) | 211 LOCATION | CITY OR TOV | VN COUNTY STATE |
| morked M | AT WORK NOT WHILE | , and the state of | on, orne, ram, ere | | | |
| E S | 220 I certify that (I) (this has | | | 8/21 1986 | | , 19.86, that (l) (we) last |
| 21 i | sow the deceased olive a | on 9 2 nat) view the bady after de | 19.86 , a | nd that in (my) (aur) apinian d | eath accurred an the da | ite and haur and from the causes stated |
| tept. | 22b. SIGNATURE | + 0 | 0-11 | DEGREE | | 22c. DATE SIGNED |
| i if | dale | ha K | Mai . | ATTENDING PHYSICIAN | MEDICAL STAF | |
| ANA | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e. ADDRESS | | |
| with the State With The State IMPORTANT: | Dr. L. Pill | ai | | St. Agnes | Hospitel | |
| | | | In MANE OF | EMETERY OR CREMATORY | 23d LOCATION | |
| 9 230. DC | RIAL, CREMATION, REMOVA | L 23b. DATE | ZIC NAME OF | EMETERT OR CREMATORT | | |
| 9 230. DC | Burial Burial | | | | | COUNTY |
| P | PECIFY) | 9/6/86 | | Memorial Park | Sykesville | COUNTY SWE |

10-16976 E. J. 1182

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REGISTRAR | | | CERTIFI | CAIL OI DEATH | REG. N | 0. | | |
|---------------|---|--|--|---------------|---|---|-----------------|-----------------|--|
| | CEASED NAME FIRST | ٨ | AIDDLE | LA | ST | 20 DATE OF DEATH | MONTH D | YEAR | 2h HOUR |
| (ITPE | FRANCES | | | BROCA | NTO . | | 9 6 | 1986 | 2:10A |
| SE) | (| 4. RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | Female | Whi | te | Augu | st 22,1907 | 79 | YRS. | ONTHS DAYS | HOURS MIN. |
| | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIET | NEVER MARRIED | 9. BALTIMORE CITY C | R COUNTY | OF DEATH | |
| | Italy | u.s | S.A. | WIDOWE | | 10 . 0 .4 | City | -AU-0 | M |
| B | Altimore | 302 E | dgewood S | treet | ROTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAR) | OF WORKING LIFE | | n Home |
| 130. S Ma | AL RESIDENCE (IF NURSING HOME OF TATE 13b. COULT HOME OF THE TABLE OF | OTHER INSTITUTION, | GIVE RESIDENCE BEFORE 180. CITY OR TOW Baltimo | N I | 13d. INSIDE CITY LIMITS? | 302 Edgewo | ZIP CODE | estia | 21229 |
| 4 FA | THER'S NAME Frank | WIDDLE | Falise | | 15. MOTHER'S MAIDEN N Frances | MIDDLE | Uı | nknow'n | ST |
| | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? VE WAR OR DATES) | 166 SOCIAL SECU 220-70-0 | | 17 INFORMANT Samuel Brock | to Baltim | | | 229 |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA | nly one couse per D BY: TE CAUSE (o) | line for (0), (b), one | A | LEUKEMIA. | | | | MATE INTERVAL LONSET AND DEATH WCKS. |
| NO | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT | (c) | r as a conseque | | | | IDITION GIVE | EN IN PART 1 | qu's |
| CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDI | TION FOR WHICH | OPERATION | I WAS PERFORMED | 20a AUTOPSY? YES NO X | IN CERTIFY | WERE FINDI | NGS USED S OF DEATH? |
| MEDICAL CER | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ATWORK ATWORK | ATH HOUR A.I | m. month da m. | 19 | 21r. HOW INJURY OCCL 21f. LOCATION STREET | JRRED (ENTER NATURE OF INJU | | COUNTY | SYATE |
| | 22a.l certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no | 9/4/ | 19 | £6_, on | d that in (my) (our) opinio | on death occurred on the d | lote and hour | | |
| | 226. SIGNATURE | R Kee | imai | - / | ATTENDING PHYSICIAN | MEDICAL STA | | | 6/86 |
| | Dr. Norman R. | | an | | 3803 Edmond | son Ave. Bal | to., N | 1d. | |
| (| BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL | Sept. | 7,1986 La | oudon | METERY OR CREMATORY Park Cemeter | y Baltim | | Md. | STATE |
| 24 FL | Burial JNERAL DIRECTOR 1630 Ed NAME TO Y M. & RUSSE | mondson Au | re. Catonsu | ille. M | d. 21228 25a. D | ate rec'd. By registrar BEP 9 1986 | 256 REGISTR | Md. | |

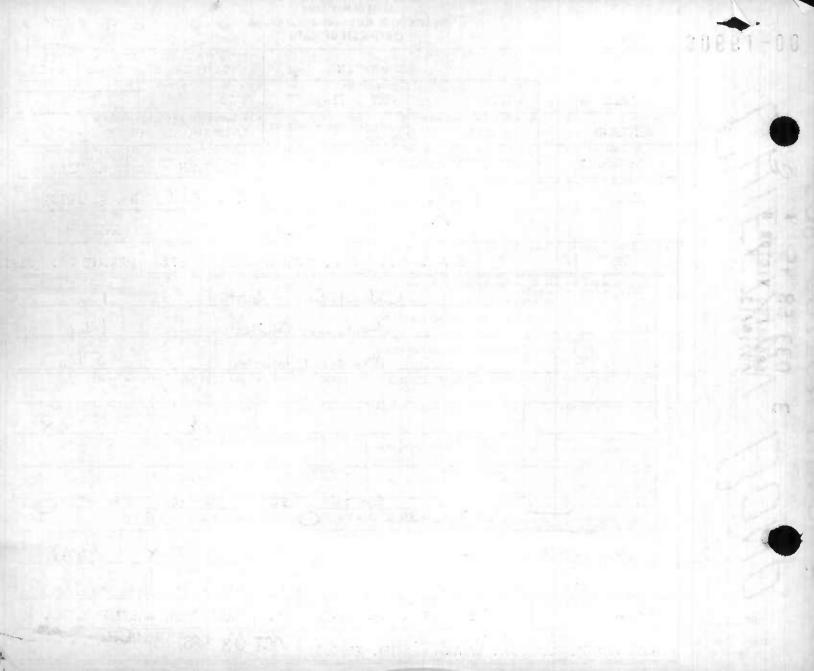
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED William Brockington 7/19 86 4 RACE . SEX AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE 2d HOUR 8:00 LAST BIRTHDAY PRONOUNCED 38 12-19-1947 DEAD Male Black 7/19 86 PM 7h. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR P BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Balto., USA Md. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION STYPE OF WORK 12h KIND OF BUSINESS Baltimore 808 W. Lexington St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONIL apt 13a STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Baltimore YES X 808 Lexington 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brockington James MIOOLE Bernice MIDDLE Buck 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT apt 6 (YES, NO, OR UNKNOWN) 214-50-7066 Bernice Barnes 808W. Lexington St. NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 DEPARTMENT OF 1 PRIOR TO BURIA YES M NO [210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 TIE PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR, PAFTER DEATH, WITH THE STABALT/MORE, MARYLAND, 2 22a. I certify that I taak charge af the remains described abave, held on Autopsy Inspection Inquiry ond in my opinion death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL 9/18/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 9-24-86 Mt. Auburn Cem. Baltimore Maryland 07/84 25M 24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** States Devidoor-17 Brown/Thompson F. H. 1913 W. Balto. (VR A15 ME (5))

STATE OF MARYLAND

| | | | | | | | SIAII | OF MARYLAND | | 486 | | |
|--------------------------|--|---------|---|--------------|--|------------------------------------|----------------|---|-----------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| nn | -19906 | | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENTAL | | 6 2 REG. NO. | 4 > |) 3 6 |
| 0 0 | 10000 | | DECEASED NAME | FIRST | | MIDDLE | l | NST | 2a. DATE OF D | | DAY YEAR | 2h HOUR P |
| | be 3 ge 3 eoth | 1 | The services | /ICTO | R | | BROI | KIN | SEPTEN | MBER 26, | 1986 | 9:25 _M |
| | sctor, po | 3. | MALE | | 4. RACE WHITE | | S. DATE C | F BIRTH 18, 1913 YEAR | 6. AGE TIN YEAR | S LAST BIRTHDAY) YRS. | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| 0 | neral directions hour | 5 70 | BIRTHPLACE (STATE OF | FOREIGN | | WHAT COUNTRY | MARRIE | NEVER MARRIED DIVORCED | BATTI | CITY OR COUNTY | OF DEATH | MD |
| hi | by the full | 100 | BALTIMOR | 2 | THE "JOHNS" HO | | JPKI'ns | G HOME OR OTHER INSTITUTION PRESSINS HOSPITAL | | CUPATION OR MOST OF WORKING LIFE | 12b. KIND C INDUSTRY RET | AIL |
| E, MARKIAND 2120 | filled in hould be | U I; | SUAL RESIDENCE (IF NUI D. STATE MARY LAND | 13b COUN | OTHER INSTITUTION. ITY | BALTIM | ORE ADMISSION) | 13d. INSIDE CITY LIMITS | 5714 h | DRESS ZIP CODE HIGHGATE I | DR. (2 | 21215) |
| MARY | ompletely ohd 2 sh | | ISSAC | | MIDDLE | B ¹ Ro | DKIN | 15. MOTHER'S MAIDEN | | AIDDLE | SAIDM | ľAN |
| TARE. | n ond a | 16 | (YES, NO OR WOONN) | | MED FORCES? E WAR OR DATES) | 219-01 | | MRS. ESTH | ER BRODKI | ADDRESS N 5714 H | IGHGATE | DR. (212 |
| SO BALL | whico. | | 18 CAUSE OF DEA PART I. DEATH | WAS CAUSE | ly ane cause per D BY: E CAUSE (a) | line far (a), (b), (| ond (ct.) | lopulmonory | Accest | | 4 1 | ONSET AND DEATH |
| PESTO SE | ottending ove corbo | | Conditions, if an | , which | | r as a conseq | | ardiogenic S | Shock | | 1 40 | ay |
| 0 3 € | by the observement of crement | | gove rise to in couse (a), stat underlying cous | ng the | DUE TO, OI | R AS A CONSEQ | AA | yocardial 1 | nfarction | | 5 | days |
| ORDS, 20 | en signe Then pl or to buri | 3 | | | | | | NOT RELATED TO THE T | | | | |
| AL REC | The low ion. be hos be it permit itene price. | | 190 DATE OF OPER | | | ITION FOR WHIC | TH OPERATIO | N WAS PERFORMED | 200 AUTOPS | IN CERTIF | S, WERE FINDITY YING CAUSES S | NGS USED S OF DEATH? NO |
| OF VIT | PHYSICIAN: TI ending physicii this certificate te burial-transit ad Mental Hygi dor Item 18 sh | | | CAUSE OF DEA | TH HOUR A. | M. MONTH | DAY YEAR | 21c. HOW INJURY OC | CURRED (ENTER NATUR | E OF INJURY IN ITEM 18 P | PART I OR PART 2) | |
| DIVISION OF VITAL RECORD | offending of the pure of the p | 7 | 21d INJURY OCCUI | HILE [| 21e PLACE | OF INJURY REET, FACTORY, OFFICE | E, FARM, ETC) | 211 LOCATION STREET | | LITY OR TOWN | COUNTY | STATE |
| ٥ | TTENDIN pital or TOR: Af for use o of Health | | 220.1 certify that (| sed alive an | C | - 26 10 | 20 | d that in (my) (our) apir | , 19 | | | that (I (we) lost causes stated |
| | AL CAR A the hos AL DIREC etoched te Dept. | | 22b. SIGNATURE | Soll | o M | . 0. | | DEGREE ATTENDIN PHYSICIA | AG MEDICAL | STAFF | 22c DATE 8/2 | SIGNED |
| | TO HOSPITAL (retained by the TO FUNERAL E should be deto with the State E IMPORTANT: If | 1 | 22d. PHYSICIAN'S N | TEVEN | 0 11 | M. 1 |) | 122. ADDDECC | has Hoplans (North Worf | Hospital | its mo | 21205 |
| | BP DRAME | 23 | BURIAL CREMATION | | 23h. DATE 9/29/8 | 230 | | EMETERY OR CREMATO | DRY 23d. LOCATIO | | | |
| | DHMH - 16 60M 7/84 (VRA 15, 4) | 24 | 6010 REIS | SOL | LEVINSON WN RD. | N & BROS BALTIMOR | E, MD. | (21215) | OCT 031 | 986 PEGIST | Frederica. | Digital San S |



| | | | | 1 | | | STAT | E OF MARYLAND | | | |
|----------------------------|------------|--------------------------|-----------|---------------|--|----------------------------------|----------------------|--|-----------------------------|-------------------------------------|--|
| 0 - | 1 | 710 | | 1. | FOR STATE | | | HEALTH AND MENTAL HY | GIENE 8 6 | 2 4 | 95/ |
| 0 - | 1 | 713 | 8 | | REGISTRAR | | CERTII | ICATE OF DEATH | REG. N | 0 | |
| | pe | poge 3 er death | | (TYRE | CRASED NAME AFIRST OR PRINT) | 190NAT | (zno | oks | 20. DATE OF DEATH | 928 | 6 16 4 |
| | nay | od b | | 3. SE | | 4. RACE | 5. DATE O | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THOMP) IF LINDER | FIRE FINDERZAMS |
| | 39e 4 | director hours afte | 47 | | | 13 | MONT. | 26 46 | 40 | YRS. | BARE HOUSE AND |
| | eath. Po | funeral di thin 72 ha | 1 once | | OUNTRY) | 76. CITIZEN OF WHAT CO | DUNTRY? 8. MARRIE | NEVER MARRIED | Baltimore city of | 0.1 | MD. |
| | ofter d | the d | 100 | 105 | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL | , NURSING HOME (| | 12a USUAL OCCUPAT | ON 126. K | SIND OF BUSINESS OR |
| 120 | SULS | e file | 9 | USU | LESIDENCE (IF NURSING HOME C | R OTHER INSTITUTION, GIVE RESIDE | NCE BEFORE ADMISSION | ospital | Unemplo | yeg] | 217 284 |
| AND 2 | n 24 ho | filled h | T most | | TATE MA 136 COU | | or town 14 more | 13d. INSIDE CITY LIMITS? YES 📈 NO 🗌 | 13e.STREET ADDRESS | ruid H | 11) 321002 |
| BALTIMORE, MARYLAND 2120 | di with | 100 | 10 | 14 F/ | THER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDEN NA | AME | 14 | Chver |
| AORE, | esecul | - | 100 | | (AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166 SOC | IAL SECURITY NO. | DSON BY | ADDRI | | 1:11 Aug |
| LTIA | 4 | 10 | V | | 100 | 1047 | | Tough Ist | 0013 1913 | ruga 17 | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH |
| ST., 8.A | Y | 100 | 1 | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA | nly one couse per line for to | dee l | elen ar | est | BE | TWEEN ONSET AND DEATH |
| NOTS | eoth ce | attending ove corb | E | | Conditions if you which | DUETO, OF AS A CA | SEQUENCE OF | tu Brea | 150 | 4-1 | |
| 201 W. PRESTON ST., | not the de | y the | . 0 | | Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause last. | DUE TO, OR AS A CO | ONSEQUENCE OF | 2 Cesce | tes | | |
| | quires t | signed b | 4 | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUT | TING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN P | ART Ita |
| DIVISION OF VITAL RECORDS, | ow rec | been mit. I | > | CERTIFICATION | 194, DATE OF OPERATION | IM CONDITION FO | R WHICH OPERATIO | N WAS PERFORMED | 70s AUTOPSY? | 28k IF YES, WERE IN CERTIFYING C | FINDINGS USED AUSES OF DEATH? |
| ALR | he | t pe | NOW | | | | | | YES NO | YES 🗍 | NO 🗌 |
| OF VIT, | JAN: T | | 18 2 | | SIR ACCIDENT WAS INDESTRUBED [| OM .M.A SUOH HEA | NTH DAY YEAR | 21s HOW INJURY OCCU | RRED (ENTER HATURE OF PHILI | ex esittox rai hart coa r | ART 29 |
| Z | YSK | burio Men | Feat | MEDICAL | THE PHEK NOTES MEDICAL EXAMINE THE INJURY OCCURRED | P.M. Zie PLACE OF INJUR | 19 | ZII LOCATION | | | |
| VISIO | G PH | the the | morked or | ME | White D solvenus D | LAT HOME STREET, FACTO | | 1 SHEET | V CIN-CH10 | 2 00 | NIT 51WIS |
| ā | Z | Afte | 30 | | - | nital) appended the decease | ed from | 10 X | a 10 9 | 1003 | O that (I) (we) last |
| | TEN | | 21 is | | saw the deceased lieve of | (70) | 19 100 | nd that in (my) (our) opinion | death occurred on the d | ate and hour and tro | |
| | R ATT | | | | 774 SIGNATURE | 6t) wew the Hody after dea | m Or- | DEGREE | | 1220 | DATESIGNED |
| | AL O | 0 40 | | | (1200 | Mile | | ATTENDING PHYSICIAN | MEDICAL STA | | 9/2/86 |
| | SPIT, | FUNERAL old be det | AA | 1 | 224 PHYSICHAN'S NAME THE | ORPHHITI | | 77e. ADDRESS | . // | | 1 |
| | O HO | TO FUNERAL E | MPORTANT | | (21 | ITHELL | | un | CC | | |
| | 5 5 | F 4.3 | ≥ | 23a. I | URIAL, CREMATION, REMOVA | 236 DATE 9/8/86 | | EMETERY OR CREMATORY | 23d. LOCATION | M: 17 COUNTY | STATE |
| | В | P | _ | | | 9/0/00 | Garriso | n Forest Vet | 0winigs | MITTIS | Md |
| | DHM | H - 16 60/ | A 7/84 | | INERAL DIRECTOR | look 4000 | IARDRIAS A | 25a. D.A | TE REC'D. BY REGISTRAR | | |
| | | (VRA 15. | 4) | 1ºk | irch"funeral Home I | west 4300 Wa | bash Avenue | SE | r5 1986 | المحالية المالية | and the state of t |

| 2 | 1 | | STATE OF MARYLAND | |
|--|----------|--|--|---|
| 00-17788 | 1 | FOR STATE REGISTRAR | CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | 4 4 5 8 |
| | | CEASED NAME FIRST | MIDDLE LAST 20. DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| moy be poge 3 ter death | (14) | E OR PRINT) Muriel | Brooks 0907 | 86 9'20 PM |
| moy moy | 3. SI | | 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF | UNDER I YEAR IF UNDER 24 HRS |
| oge 4 | | nole | Black & 26 20 66 YRS. | INTHS DAYS HOURS MIN. |
| h. Po | 70 E | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY C | F DEATH |
| deot when 7 | 1 | orginia | U, J. WIDOWED DIVORCED City | MD |
| by the floor of th | 5 10 5 | action of DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY; DIVE STREET ADDRESS) LOCK KOVEN CETMAN KLASP. 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| filled in multiple | 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 136 COU | NOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 130 CITY OR JOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 401/ Sanlee Re | nd 21133 |
| MARYLA ed within meletely end 2 sh | | ATHERIS NAME SIRST James | MIDDLE LAST (A SPECIAL MIDDLE) | TZAL |
| ORE, | | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VE WAR OR DATES! 4011 Sunlee | Roud 21133 |
| ALT re b re b re b | | 18 CAUSE OF DEATH (Enter of | nly one couse per line for (a), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ph nph mo | | PART I. DEATH WAS CAUS | ED BY: VIE CAUSE (0) Carches on more carry t | BETWEEN ONSET AND DEATH |
| 01 010 2 4 | | IMMEDIA | DUE TO, OR AS A CONSEQUENCE OF | |
| deoth otten ove co | | Canditions, if ony, which | ((b) Seps 1 5 | \ week |
| W. PR | | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUENCE OF | |
| 201 ned b precouriol, | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | ALINI PART 1:0: |
| RDS, | N N | 1 | ivw Discose | Y IIV PIKT TIO |
| low relativity. | FICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES. Y | WERE FINDINGS USED NG CAUSES OF DEATH? |
| /ITAL F | CERT | | YES NO YES | NO |
| OF VI | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | | J 1 OR PART 2) |
| PHYS and the control of the control | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN | COUNTY STATE |
| NG P offer the os the | ≥ | AT WORK NOT WHILE | The state of the s | |
| TENDIII ntol or OR. A or use of Heoli | 130 | | | that (I) (we) last |
| | | | ot) view the body ofter death. | |
| The Dord | | 22b. SIGNATURE | DEGREE ATTENDING MEDICAL STAFF | 22c. DATE SIGNED |
| A A S F F | - | 22d PHYSICIAN'S NAME CLYPE | PHYSICIAN DIRECTOR PHYSICIAN | 18/8/ |
| TO HOSPITAL TO FUNERAL should be der with the Stote | | | | 50. mo 21218 |
| of of Short with Short S | 23a. | BURIAL, CREMATION, REMOVA | 236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION | |
| , BP | 1 | Bureal | 9-15-86 Garrison tarest Oct. Cent. Garrison | Maryand |
| DHMH - 16 60M 7/84 | 24 1 | UNERAL DIRECTOR | 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 1721-27 N. Monne St. SFP 11 The Suite New | R'S SIGNATURE |
| (VRA 15, 4) | | L.L. Frules | SED 1 1900 SUMMER ST. | ACON - P |

ar the artificial section, and section of the parties.

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STATE OF MARYLAND

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(VRA 15, 4)

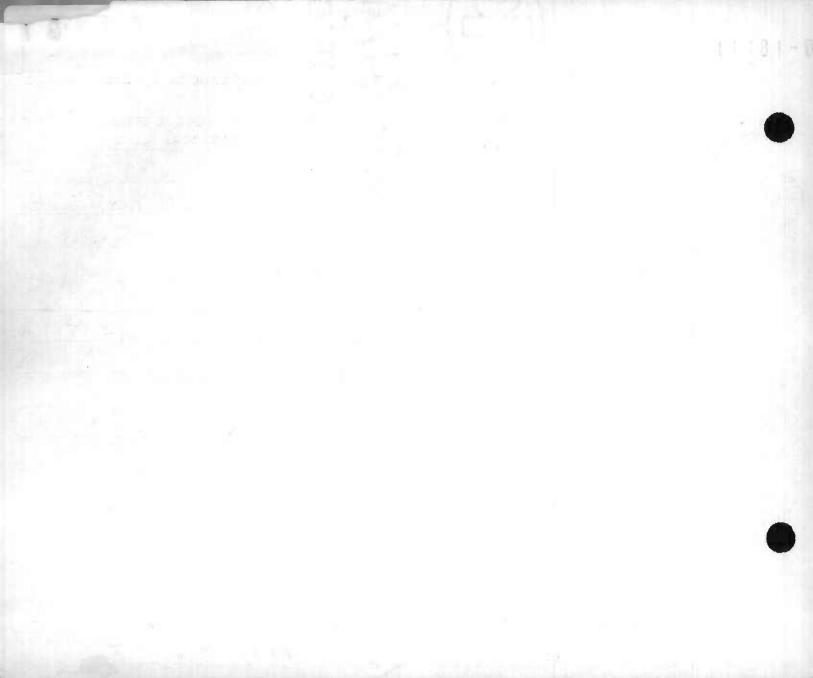
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ASSESSED TO THE SECOND LAND IS NOT

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Harving May 12 and 1

| - 18 | R.P | | 1 - | THE STATE PET PL | n 13 | E. A.L. 86 | DEF | | CERTIFI | OF MARYLAND EALTH AND MEN CATE OF DEA | ITAL HYG | | 86 EG. NO. | 249 | 61 |
|--|--|---|---------------|---|---------------------------------|----------------------------|--------------------------------|--------------|-----------|---|-------------------|------------------------------------|----------------------|---------------------------|----------------------------|
| | 20 | | | OR PRINT) | FIRST | WIL | MIDDLE | | L | ST | | 20. DATE OF DE | ATH MONTH | DAY YEAR | 2b. HOUR |
| | 0185 | - | | | BABY | | BOY | | BRO | | | SEPTEM | | 1986 | 11:10 |
| 1 | Z of E | 3 | . SEX | | | 4 RACE | | | 5. DATE O | F BIRTH DAY | YEAR | 6. AGE (IN YEARS | LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| | 2 | | | ALE | | BLAC | | | 9 | 3 | 86_ | | YRS | | 2 10 |
| | 3 | 2 | | RTHPLACE (STATE O | R FOREIGN | 76 CITIZEN OF | WHAT COUN | VTRY? | MARRIEC | NEVER MAR | RIED 🔀 | 9. BALTIMORE C | | | |
| | (C. D.) 2 | 9 | | ALTIMORI TY OR TOWN OF D | | US | | | WIDOWE | D DIVOR | | BALTI | | ITY | MD. |
| | | 1 | BA | LTIMORE | | JOHNS | HOPK | STREET AD | HOS | SPITAL | HON | 12a USUAL OCC (TYPE OF WORK FOR | | LIFE) INDUSTRY | BUSINESSOR |
| S S | y filled in hould be | 5 | 3a. S | AL RESIDENCE (IF NU TATE MD | RSING HOME OR | OTHER INSTITUTION | 13t. CITY OF | NWOTS | DMISSION) | | | | RESS / ZIP CO | DE NTCT, 2 | 1202 |
| | oletely of 2 sh | | 4. FA | THER'S NAME FIRST | | MIDDLE | LAS | 51 | | 15. MOTHER'S MA | | | DOLE | LAST | |
| WAR | ompl ompl leve | | | UNKNO | | | T | | | | RICE | | | BRO | WN |
| 08 | Pages 1 | 1 | (Y | (AS DECEASED EVE | (IF YES, GIV | E WAR OR DATES) | | | ITY NO. | 17 INFORMANT | | | ADDRESS | | |
| Ĕ. | te be e icion o pers. Po the me | - | - | NO | ИО | | NON | | | PATE | RICE | | | BRO | |
| 8 Y | hysic paper lovol ent, t | | | PART I. DEATH | TH (Enter an WAS CAUSE | ly ane cause pe D BY: | 0 | 1 | 0 10 | | ^ | + | | BETWEEN | NATE INTERVAL |
| LS Z | ng p rban r rem | | | | IMMEDIAT | E CAUSE (a) | Caro | liop | ulw | ionary | /ty | vesi | | ک | Shin |
| STO! | ottendin otten, or traumotic | | | Canditians, if an | hiidh | DUE TO, C | OR AS A CON | SEQUEN | ICE OF | -11 | | | | 1 . | 5 milne |
| W. PRE | by the offer by the offer ose remove cremotion other troum | | | gave rise to in cause (0), stot underlying caus | nmediate ing the | DUE TO, C | OR AS A CON | SEQUEN | | Sensis | | | | 55 | milus. |
| IDS, 201 | signed then pled to burion | | NO. | PART 2. OTHER SIC | SNIFICANTO | CONDITIONS C | | | | | THE TERM | NAL DISEASE OF | CONDITION G | IVEN IN PART 11a | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE | the low re ictor. The hos been usif permit. I regione prior shows only in | 1 | CERTIFICATION | 19a. DATE OF OPER | ATION | 196 COND | ITION FOR W | VHICH O | PERATION | WAS PERFORME | D | 200 AUTOPSY | IN CERT | ES, WERE FINDING CAUSES (| GS USED OF DEATH? NO |
| ZEV , | physici physici fificate I-tronsi al Hygi n 18 sh | 2 | E | 210. ACCIDENT WAS U | | 216. TIME C | OF INJURY | J DAV | YEAR | 21c HOW INJUR | Y OCCURR | ED (ENTER NATURE | OF INJURY IN ITEM 18 | PART I OR PART 2} | |
| 0 | ding physics certificate burial-tron Mental Hy | 7 | S | OR CONTRIBUTING (IF EITHER NOTIFY ME | | 110 | .M. | I DAI | 19 | | | | | | |
| IVISION | ar offending physical sectifical sections of the buriel from morked or femiliary | 1 | MEDICAL | 21d INJURY OCCU | VHILE | 21e. PLACE (AT HOME, ST | OF INJURY FREET, FACTORY, O | OFFICE, FARA | M, ETC) | 211 LOCATION STREET | | CIT | Y OR TOWN | COUNTY | STATE |
| | | | | 220.1 certify that (| | 0/- | | ram | 9/3 | , 1 | 9.86 | , ta9 | /3 | , 19_86, 1 | hat (I) (we) last |
| | hospital hospital RECTOR hed for u | | | saw the decea abave, (I) (we) | sed alive an, (did) (did not |) view the bady | | 19_8_ | 6 , and | d that in (my) (aur |) opinian o | leath occurred an | the date and ho | our and from the c | auses stated |
| 9 | 000 | | | 22b. SIGNATURE | 0 | L | 1 | | D | EGREE | | | | 22c. DATES | IGNED |
| | | | | K E | Lice |) 84 | cuf | | M | D PHYS | NDING SICIAN [| MEDICAL DIRECTOR P | STAFF HYSICIAN | 9/3 | 186 |
| | retoined by the TO FUNERAL I should be deta with the State I IMPORTANT: If | | | J. EL | I CA | . / | 312 G | Н | D | John | ns t | topking | Ho | spital | |
| - | 5 £ 5 € ¥ ₹- | 2 | 30. B | URIAL, CREMATION | , REMOVAL | 23b. DATE | | 23c. NA | ME OF CE | METERY OR CREA | AATORY | 23d. LOCATIO | | | |
| | BP | | (| CREMATIC | N | 9/3 | /86 | JO | OHNS | HOPKIN | S | | TIMORE | COUNTY | MD |
| DH | MH - 16 50M 4/B3 | 2 | 4 FU | NERAL DIRECTOR | | | ADD | RESS | | | 250. DATE | REC'D BY RECK | TRAR 256. REGIS | HARS SIGNAL | Black |
| | (VRA 15, 4) | | i | JOHNS HO | PKINS | HOSP | ITAL | | | | SEP | 1 1 1200 | 4 | | |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A. AGE (IN YEARS LAST BIRTHDAY)

2h HOUR

- STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3. SEX

CERTIFICATE OF DEATH

BROWN

WIDOWED

5. DATE OF BIRTH

20. DATE OF DEATH MONTH YEAR SEPTEMBER

1986 IF UNDER I YEAR IF UNDER 24 HRS

| | М | | |
|----|------------------------|------------------|---------|
| a. | BIRTHPLACE COUNTRY) | STATE OR FOREIGN | 7b. СІТ |

DAVID

FIRST

13 COUNTY

MIDDLE

R.

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ical

IMMEDIATE CAUSE (o

4. RACE

MONTH YEAR 62 16 ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY 126. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

CITY OR TOWN OF DEATH BALTIMORE

Maryland

USUAL PESIDENCE (IF NURSING HOME 130. STATE

IOHNS HOPKINS HOSPITAL OTHER INSTITUTION, GIVE BELIDENCE BEFORE ADMISSION

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Brunson Kitchen 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE

120 USUAL OCCUPATION

14 FATHER'S NAME FIRST Joseph

LAST Brown

FNOT IN SUCH FACILITY, GIVE STREET AGORESS)

MIDDLE

Earl

U.s.a.

Lila. 17. INFORMANT

YES [X]

MIDDLE Male ADDRESS

Rt. 1 P.O. Box

Huggins

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN)

166 SOCIAL SECURITY NO 249210366

Baltimore

Lila Mae Brown Rt. 1 P.O. Box 54

DIVORCED

NOF

15. MOTHER'S MAIDEN NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting

DUE TO, OR AS A CONSEQUENCE OF

aderovirus intection

underlying couse lost.

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

mmunosuppression secondary to Bero Marminano

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED

CERTIFICATION 19a DATE OF OPERATION

MEDICAL

00

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M.

MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET CITY OR TOWN

COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from_

sow the deceased office on Sentem ver 23 19 86 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (1) (we) (did) (did not) view the body after death, 27h SIGNATURE

NOT WHILE AT WORK

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

WHILE

9/26/86

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Church Cemetery

22e ADDRESS

23d LOCATION CITY OR TOWN Conway

No. AUTOPSY?

COUNTY

S.C. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Ohoch

De -

MPORTANT

24 FUNERAL DIRECTOR

23a BURIAL CREMATION REMOVAL

Wm C. March Funeral Home Inc. 1101 East North Avenue

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - Dandson-Germanic

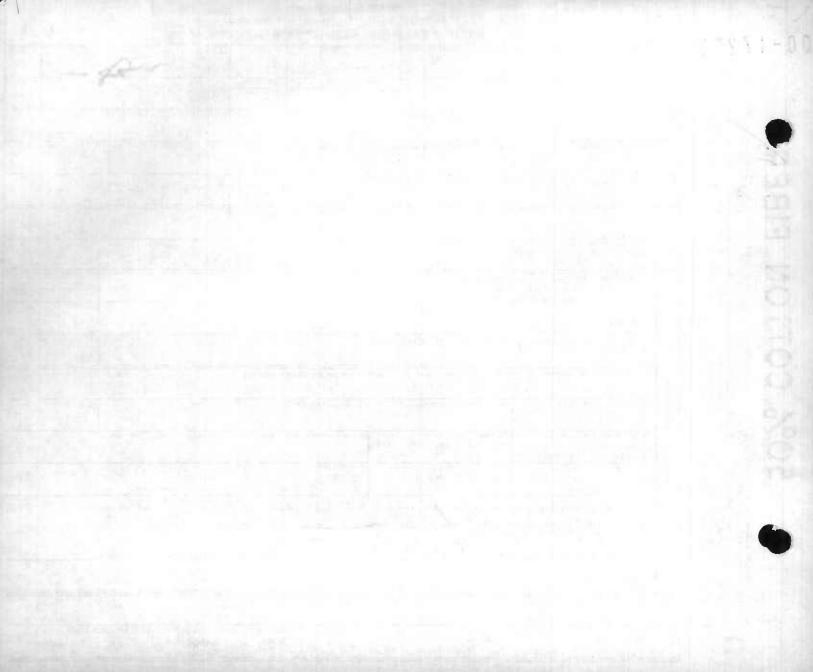
| | | - 1 | | | | STATE | OF MARYLA | ND | | | | |
|--|---|-----|---------------|---|--|------------------|-----------------------|-----------------|--------------------------|------------------|------------------|----------------------------|
| 00- | 1827 | 0 | 1. | FOR STATE | DEPA | RTMENT OF HE | | | 2.3 | 2 | | 163 |
| , 0 | 1031 | 0 | IA. | REGISTRAR | | CERTIFI | CATE OF D | EATH | O REG. N | 0. | ~1 | , 0 0 |
| | | | | EASED NAME FIRST | WIDDLE | LA | 51 | 17977 | 20. DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| ۵ | e o e | | (1117 | Floretta | | Bro | NWC | | | 9 13 | - 86 | 2229 M |
| - OE | poge 3 | | 3. SEX | | 4. RACE | 5. DATE OF | | | 6. AGE (IN YEARS LAST BE | | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| e 4 | ector rs aft | a | | F | В | HINDM | 30 | 1911 | 7 | | DATS | HOURS MIN. |
| Po od | hou | 5 | | THPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTE | RY? 8 | □ NEVER M | ADDIED | 9. BALTIMORE CITY | R COUNTY | OF DEATH | |
| eoth | n 72 | | | Va. | U.S.A | WIDOWED | | ORCED | Baltime | ore C | city | MD. |
| | 24 | 21 | 10. CT | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OF | OTHER INST | ITUTION | 120. USUAL OCCUPAT | | | OF BUSINESS OR |
| 5 1 | | X | B | altimore | Francis Scott | 1/ 1. | dical O | enter | Sales perso | | Re, | |
| 212 | 100 | | USUA 13a S | L RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION, GIVE RESIDENCE BE | FORE ADMISSION) | 13d INSIDE CI | TV HALITES 1 | 13e STREET ADDRESS | | 21 | 27.9 |
| ON TO | a Du | -// | 1 | Md. | | Ø, | | NO [| | rant | ley ; | Avo. |
| YLA | | 2 | 4 FA | THER'S NAME | MIDDLE (LAST | - 32.3 | | MAIDEN NAM | | | | |
| MAR | 100 | 7 | | Howard | A. Jessul | 29 | N | 1abel | AMIDDLE | S | mitta | 51 |
| RE, | nd c ges | 7 | | AS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCIAL SI | CURITY NO. | 17 INFORMAN | NT | ADDR | | 1. | |
| BALTIMORE, MARYLAND | Pages | | (1 | ES, NGORDINKNOWN) (IF TES, GIV | | -4039 | Mary | W1 10 | 1ms 807 E | 170+ | St. Br | ONX, N.Y. |
| JALT ore | sicio of a | | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | nly one couse per line (p. 10), (b), | , ond (c).1 | 1 | | | | BETWEEN | MATE INTERVAL |
| T. B | рну | | | | D BY: TE CAUSE (0) Wen | navia | aspir | ration | | | 5 | Lours |
| NO 4 | ding arba | | | | DUE TO, OR AS A CONSE | OUENCE OF |) \ | | | | | |
| EST | otter ove tion, | | | Conditions, if ony, which | (1b) Rem | ote ce | rebro | vasay | or acciden | + | 41 | eurs |
| PR . | by the attendin use remave carb cremation, ar | | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE | OUENCE OF | | | | | 1 | |
| y that | d by lease ial, cr | | | underlying couse last. | (c) | | | 1000 | | | | |
| S, 20 | Then pli to buri | | 7 | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING | TO DE ATH BUT N | NOT RELATED | TO THE TERMI | NAL DISEASE OR CON | DITION GIVE | N IN PART I | la l |
| ORD | - L | | Į O | Dementia | , Syringo myel | | | | | | | |
| PECO SECO | s bee | | ICA | 190. DATE OF OPERATION | 196 CONDITION FOR WH | | | RMED | 20a AUTOPSY? | | , WERE FINDI | INGS USED S OF DEATH? |
| AL AL | icate has ransit per Hygiene | 6 | CERTIFICATION | NIP | | N | | | YES NO | | | NO 🗌 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | ficate fransit Il Hygie | 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | DAY YEAR | 21c HOW INJ | JURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART T OR PART 2) | |
| ON IDE | certification of the physical control of the physical | | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 19 | | | | | 100 | |
| NOIS | | | MED | 21d. INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI | ICE, FARM, ETC) | 211 LOCATIO STREET | N | CITY OR TO | WN | COUNTY | STATE |
| NIG ON | 0 9 % - | | | AT WORK | | | | m | 01. | | - | |
| Z | ol o | | | 220.1 certify that (1) (this haspi | | | | , 19 | | 1 | 9 00 | that (I) (we) last |
| | haspit RECTC hed for spt. of | | В | obove (I) (we) (did) (did no | ti view the body ofter death. | | | (our) opinion a | eath occurred on the d | ote and hour | | |
| Ö | , 0 00 ± | | Y. | 22b. SIGNATUM | 11.0- | D | MA A | TIENDING _ | MEDICAL STA | FF / | THE DATE | SIGNED |
| ITAL | by the | | | 224 PHYSICIAN'S NAME (TYPE C | Musto | | 22e ADDRESS | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 7/16 | 186 |
| HOSPIT | etained by the TO FUNERAL should be detained with the State | | | M . I | llead | | Fra | veis So | off Kay Mac | ical c | center | - |
| 0 | should by with the | V | | Melvin | HEUTA | | | Ba | timore, | nary | and | |
| | | 20 | | URIAL, CREMATION, REMOVAL | | 36 NAME OF CE | METERY OR C | REMATORY | 23d LOCATION | | COUNTY | A 1 STATE |
| | BP | | 24 E1 | MERAL DIRECTOR | 9-20-86 | 1+1 | DUTL | 250 DATE | MECO BY REQUISION | G DECICE | 1 | via. |
| DHM | AH - 16 50M 4/8 | 3 | 1 | NAME | ADDRES | | | ZOO DATE | mp of was 136 | GE KEGISTI | RAR'S SIGNA | TUKE |
| | (VRA 15, 4) | | 14 | S. A. MORTON | + Jons 170 | ILAUR | ENS | 100 | | | | |

| | 1 | | | STATE OF MARYLAND | | | | | | | |
|--|---------------|--|--|--|---|---|--|--|--|--|--|
| | - S1 | OR TATE GISTRAR | DEP | ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 6 | 2 4 9 8 4 | | | | | |
| 16961 | I. DECEA | SED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR | | | | | |
| be ath | (TIPE OR) | FRAN | K HOWARD BRO | WN | 09-0 | 1-86 2:45P M | | | | | |
| may I | 3. SEX | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS | | | | | |
| de 4 | Ma | le. | Caucasian | 3 7 1898 | 88 yrs | MONTHS DAYS HOURS MIN. | | | | | |
| 4 30 DI | 7a BIRTH | | 76. CITIZEN OF WHAT COUN | TRY? 8. MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | | | | | | |
| | COO | MD | USA | WIDOWED DIVORCED | | ity MD. | | | | | |
| 6100 | Bal | timore | St Agnes Ho | spital | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Clerk | LIFEI 1726, KIND OF BUSINESS OR STOCK Broke | | | | | |
| | | | ROTHER INSTITUTION GIVE RESIDENCE NTY 130. CITY OR L timore Cato | | 13e.STREET ADDRESS / ZIP COI | DE | | | | | |
| thun thun | A FATH | ER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | AME | CHAC DIEDO | | | | | |
| p of b | Jam | | Brow | | WIDDIE | Bartholomee | | | | | |
| ical Page Cont | | DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL | SECURITY NO. 17 INFORMANT | ADDRESS | 21228 | | | | | |
| S S S S S S S S S S S S S S S S S S S | (YES, | NO (IF YES, GI | ve war or dates) 216-0 | 3-7555 Howard M. | Brown 1013 Va | nderwood Road | | | | | |
| sicro oil. | 18 | CAUSE OF DEATH (Enter of | nly one cause per line for (a), (b | o), and (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| phy npph may vent | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b). Gastwintes timal lovesbing | | | | | | | | | |
| Ing red or ref | | IMMEDIA | | | - | | | | | | |
| on, of the contract of the con | | anditions, if any, which | DUE TO, OR AS A CONS | EQUENCE OF | | | | | | | |
| W. rke. | g | ove rise to immediate ause (a), stating the nderlying cause last. | DUE TO, OR AS A CONS | EQUENCE OF | | | | | | | |
| gned b n pleas burial, ry, ar a | | RT 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION G | IVEN IN PART 110 | | | | | |
| law requir | CERTIFICATION | DATE OF OPERATION | | HICH OPERATION WAS PERFORMED | Too MANAGENO TOO IS NOT USEN | EC AMERICAN AND AND AND AND AND AND AND AND AND A | | | | | |
| | FICA | . DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED | INCERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? | | | | | |
| N. The hysician ransit p Hygier Hygier | E - | ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 171, HOW INTURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM 18 | YES NO | | | | | |
| phys fiffico of Hy of Hy | 01 | CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | KRED (ENTER MATURE OF INJURY IN ITEM IS | PARI I ORPARI 2) | | | | | |
| PHYSICIAl this certifit the burial-trad Mental | | IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e. PLACE OF INJURY | 211 LOCATION | | | | | | | |
| NG PHYSICIAN: The ottending physician free this certificate has the burial-transit for the and Mental Hygier parkeder, Item J.B. show | | MILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | | CITY OR TOWN | COUNTY STATE | | | | | |
| NDIR No. 1 or 1 | 22 | 1 certify that (1) (this hasp | ital) attended the deceased fr | 0/ | 2, to 09.1 | . 19 86, Ihat (1) (we) last | | | | | |
| Spiro Spiro | | saw the deceased alive ar | at) view the bady after death. | 19_36, and that in (my) (our) apinon | n death occurred an the date and hi | our and fram the causes stated | | | | | |
| the hose AL DIRECTOR OF The Post of Dept Tr. If hem | 22 | Kotherin | o Thamus | DEGREE REALIZED ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 09-1-86 | | | | | |
| TO HOSPITA TO FUNERA should be de with the Stot | 220 | ATHERINE | TKACZU | 22e ADDRESS | ds Apt Winesap 38 | Catousville | | | | | |
| Sho Ted | 23a. BUR | IAL, CREMATION, REMOVAL | | 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION | 1118 | | | | | |
| BP | (SPEC | Burial | 09-04-86 | Wards Chapel Ceme | et Randallstow | n. Balto MD | | | | | |
| Delini II (OIL 7.0) | 24 FUNE | RAL DIRECTOR | | 25a. D. | ATE REC'D. BY REGISTRARIZSH REGI | STRAR'S SIGNATURE | | | | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Mac | Nabb Funer | al Home, Ca- | tonsville. MD | EP 4 1986 Juna | handon-liferates | | | | | |

Shares in State of the last

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TO DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-George Brown, Jr. 4 RACE SEX AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE d HOUR DAY LAST BIRTHDAY) PRONOUNCED 9:03 86 DEAD YRS 3 - 10 - 64TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYS Baltimore City, Balto. WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [MD Balto Mc Cabe Ave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST eorge Brown Edna Parson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES 214-76-9721 NO. George Brown Sr. 515 Radnor Ave 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Gunshot Wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3 SHOULD BE I YES X TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR HOUR XX MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 8:35 M. 9 - 41986 subject was shot E, WRITING 1 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21201 AT WORK AT WORK street 700 blk. McCabe Ave., Balto., Md. Autopsy X 22a. I certify that I took charge of the remains developed share, held on Inspection Inquiry deoth resulted from Notural courses Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M DATE 9-5-86 Assistant EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE 07/B4 Bur al Burial 9-8-86 Eastview Balto. Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Leroy O. Dyett 4600 Liberty Heights Ave SEP (VR A15 ME (5))



| JU | - 1 / | 1 |
|---|---|---|
| 4 | teeth Page 4 may be | merca arrector, page 3 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 27 201 | NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be | R. After this certificate has been signed by the ottending physician one comment when in by the formal dimitator, page 3 use as the busine-transit permit. Then please remove carbon papers. Page and the files file of the death |
| No. | NDINO 10 10 | R. Afte |

| | | FOR | DEDADT | | E OF MARYLAND LEALTH AND MENTAL HYG | IENE LA & | 0 4 6 | |
|---|---------------|---|--|------------------|--|--|--|---|
| 727 | 1 - | STATE REGISTRAR | DEFARI | | ICATE OF DEATH | REG. NO | <i>C</i> ™ ? | , 0 0 |
| 1 4 1 | | CEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH | | 2h HOUR |
| 0 0 1 C | (TYPE | OR PRINT) Iris | н. | I | Brown | Sept. 9, 1986 | | |
| - deop | 3. SE) | (| 4. RACE | S. DATE O | OF BIRTH | 6 AGE IN YEARS LAST BIRT | | |
| 30 | | Female | White | MONT | 7/10/1919 | 66 | YRS. DAYS | HOURS MIN. |
| 35 | | RTHPLACE (STATE OR FOREIGN COUNTRY) Marylan | 76. CITIZEN OF WHAT COUNTRY | MARRIE WIDOWI | D NEVER MARRIED DIVORCED | Baltimore city of Baltim | ore City | MD. |
| 80 | 10 CI | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREE | , | | 120 USUAL OCCUPATION OF WORK FOR MOST OF WURSE | | OF BUSINESS OR |
| ld b | 13a S | at RESIDENCE LIF NURSING HOME OF STATE 13b. COU | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTO BALTIM | VN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 302 Fr | zıp code ankle St. | , 21225 |
| | 14. FA | THER'S NAME | MIDDLE LAST | ~ | IS MOTHER'S MAIDEN NAM | WIDDLE | D: +1" | cher |
| A.C. | 16a V | George VAS DECEASED EVER IN U.S. A | P. Horsema | | IT INFORMANT | ADDRE: | | CHEL |
| Pog | n | | ive war or dates) 215-09 | | | | | 13 |
| gned by the offending the present of the principle of the property of the principle of the | | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONTRIBUTING TO | DEATH BUT | HOT RELATED TO THE TERM | MAL DISEASE OR COM | DITION GIVEN IN PART 1 | to |
| t. The or to y inju | 10 | Fraulous 1 | Tyccerdia | | aretton | \$ >+vo/ | C-4 | |
| permission on son | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATIC | IN WAS PERFORMED | YES NON | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | |
| ol-tronsit thol Hygin m 18 sh | _ | 2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IF EITHER, NOTIFY MEDICAL EXAMIN | EATH HOUR A.M. MONTH E | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | TY IN ITEM 18 PART 1 OR PART 2) | |
| ond Mer | MEDICAL | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | | 21f LOCATION | CITY OR TO | wn county | STATE |
| or use or of Health | | 22g I certify that (i) (they ber | on 29-19 | 3- | nd that in (my) (our) opinion of | death occurred an the do | | , that (1) (wa) last e causes stated |
| etached f etached f te Dept. o 1: If Item | | 22b Signature | S S S S S S S S S S S S S S S S S S S | 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | F | E SIGNED |
| should be d | | Richard | E. Fisher, 1 | N.D. | 4710 Penn: | | | 21226 Md. |
| - 50 3 3 | | BURIAL, CREMATION, REMOVA (SPECIFY) Burial | | | emetery or crematory wridge Mem I | 23d LOCATION Elkrid | lge, Howar | d, Mď. |
| 6 50M 4/B3 | | ocally Funer | cal Homes Balt | psco | Ave 21225 SE | P 1 1 1986 | 25) REGISTRAR'S SIGNA | THE SAME |

| | | LTEM | 126 | STATE OF MAKTLAND | | |
|--|---------------|---|--|---|--|---|
| 00-18620 | 1 | FOR A.L. 9- | 29-86 DEPARTA | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 3 6 2 | 496/ |
| | 1.00 | CEASED NAME FIRST | MIDDLE | LAST | 29. DATE OF DEATH MONTH D. | AY YEAR 2h HOUR |
| by be age 3 death | | Keon Keon | | BROWN | 09 15 | 7 / Cor |
| post d | 3. SE | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER 1 YEAR IF UNDER 24 HRS |
| | | male | black | MONTH ON YEAR 86 | YRS. | SHS DAYS HOURS MIN. |
| 11 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 7a. B | IRTHPLACE (STATE OF FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | C.L. |
| 51 5- | 10.0 | ITY OR TOWN OF DEATH | 11 MANE OF HOSPITAL NILIBSIN | WIDOWED DIVORCED C | 12 Journore | MD. |
| 4 1 P | 1 | Baltimore | (IF NOT IN SUCH FACILITY, GIVE STREET, | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126. KIND OF BUSINESS OR |
| 2 2 2 2 | USU | | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | | C1 |
| 4 6 15 | M | state his 900 | | OTE YES NO [| 130 STREET ADDRESS / ZIP CODE 25/0 59/21 | 10 21230 |
| E (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 14. F | ATHER'S NAME | MIDDLE | 15 MOTHER'S MAIDEN N | AME MIDDLE | 1241 |
| # YUNGO | 1 | Sammy | | un Davle | ne | Dry |
| # 5 99 9 | | WAS DECEASED EVER H U.S. AF | | | ADDRESS | 921230 |
| De medi | | YES, NO OR UNKNOWN) (IF YES, GI | ONK UNK | . Darlene | DRU 2510 Saler | |
| A S SEE S | | 18 CAUSE OF DEATH (Enter a | inly ane cause per line far (a), (b), and | d to A | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 4 40 4 | 1 | PART I. DEATH WAS CAUSI | ATE CAUSE (a) Cardio | respiratory Av | rest | |
| A S BEST S | | IMMEDIA | | 3 | | |
| PRESTON he death o empre carl mathon, or r traumatic | | Canditians, if any, which | DUE TO, OR AS A CONSEQUE | Cor Pulmona | le | |
| 2 | 1 | gave rise to immediate cause (a), stating the | 3 | | | Walled Millietts |
| by the state of th | | underlying cause last | DUE TO, OR AS A CONSEQUE | cephalus | | |
| gned n ple burio | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | N IN PART Tra |
| RDS and a sign to be injured injured in the beautiful in | S | T2- | Ta Splan bif | ida S/p | Respiratory + | Arrest |
| 8 11117 | 1 | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDINGS USED |
| N 19 19 19 19 19 19 19 19 19 19 19 19 19 | CERTIFICATION | | | | YES NO YES | ING CAUSES OF DEATH? |
| ¥ 11 11 1 | 1 2 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM IS PA | |
| A A TET T | | OR CONTRIBUTING CAUSE OF DE | | Y YEAR | | |
| Z 50 0 0 1 1 | MEDICAL | 116 INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 211 LOCATION | | |
| DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN: The law requires it custodicing physician. The the certificial has been signed at the buriod transif permit. Then ple in and wented thypeine prior to burious deed or them 18 shows cary injury, or | MEI | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FA | | CITY OR TOWN | COUNTY STATE |
| 0 4 4 E | 1 | 22a.1 certify that (1) (this hasp | oital) attended the deceased fram_ | , 19 | , ta, 1 | 9, that (1) (we) last |
| 55 55 2 W | | saw the deceased alive ar | n 9 15 19 19 19 19 | and that in (my) (aur) apinia | death accurred on the date and hour | and from the causes stated |
| W 2 2 2 2 | 1 | 226. SIGNATURE | ar, we me body are deam. | DEGREE | | 22¢ DATE SIGNED |
| 4 0 10 2 | 1 | 15mg | indle Mo | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 19/15/86 |
| F 2 2 2 2 4 | 1 | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | - OKCOOK - PHISICIAN S | 1,7,0,00 |
| HOSE PORTA | 1 | B, msc | rindle | | | |
| 0 t 5 t 3 - | 23o | BURIAL, CREMATION, REMOVAL | | JAME OF CEMETERY OR CREMATORY | 23d. LOCATION | |

DHMH - 16 60M 7/84 (VRA 15, 4)

00-18247

rector, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Aental Hygiene prior to busiol, cremotion, or removal.

injury, or other troumptic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR STATE OF MARYLAND
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH

| STATE OF MARYLAND | | | Dra. | | | | |
|---------------------------------------|---|--------|------|---|---|---|---|
| PARTMENT OF HEALTH AND MENTAL HYGIENE | 6 | 0 | 200 | 5 | y | 0 | 1 |
| CERTIFICATE OF DEATH | | REG NO | | | | | |

| REGISTRAR | | CERTIFICA | IL OI DEATI | • | REG. N | 0. | | | | |
|--|--|----------------|------------------------|-------------|-------------------------------------|----------------|-------------|----------|---------------------------------|--------|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | LAST | | 20 | DATE OF DEATH | MONTH | DAY | YEAR | 26 HOUR | |
| Lawrence | G. | Br | own | | | 9 | 13 | 86 | 5:30 | D E |
| 3. SEX MALE | 1. RACE BLACK | 5. DATE OF BIE | 10 28 | AR | AGE (IN YEARS LAST BI | | MONTHS | DAYS | IF UNDER 2 | A HRS |
| 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY | ? 8 MARSES D | NEVER MARRIE | 0 5 | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| Baltimore | USA | WIDOWED | DIVORCE | Balto. | to. city M | | | | | |
| Balto. | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Pleasant Manor | | T-10 H-17 C | | | | | | Rb. KIND OF BUSINESS OR NDUSTRY | |
| USUAL RESIDENCE (IF NURSING HOME OF 13th COLL | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR | RE ADMISSION) | | | | | | | | |
| MARYLAND 136 COU | The state of the s | MORE YE | 12 | | 410 Carro | 011 S | .212 | 230 | | 114 |
| John | MIDOLE LAST Br | own / | MOTHER'S MAID | | ELLEN | | 1 | wi | 95 | |
| | RMED FORCES? 166 SOCIAL SEC | URITY NO. 17 | INFORMANT | Engin | ADDR | ESS | | 10 | | - |
| YES 1/95 | 1-1953 4 1-27 9 | 770 V | EKH J | CAKIN | 6 2312 | K-OK | -0 | SHI | NE | |
| 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | ED BY | nd (c).) | 1 4 | 0. | | | BI | | NATE INTERV | EATH |
| IMMEDIA | ATE CAUSE (a) | alc Nes(1 | rations | uv | 50.57 | | | 10 | all | |
| | DUE TO, OR AS A CONSEQU | JENCE OF | D. A | 1 | | | | - | lile | |
| Conditions, if ony, which gove rise to immediate | (16) Cell 20 | 10-Vasci | well or | PO P/3 | Xy | | | -10 | 725. | |
| cause (a), stating the | DUE TO, OR AS A CONSEQU | JENCE OF | | 1 1 | / | | - | | | |
| underlying cause last. | (c) | | | | | (4.1.1) | | | | |
| PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT | RELATED TO TH | E TERMINA | L DISEASE OF CON | PITION GI | VEN IN P | ART 11a | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | sow the line ar | nputaty | m-m | Sange | ew of L | 100 | F | | | |
| 5 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | HOPERATION W. | AS PERFORMED | 1 | 200 AUTOPSY? | 206. IF YE | S, WERE | FINDIN | GS USED OF DEATH | 12 |
| STIE | | | | | YES NO | | ES 🗌 | . AOSES | NO [| 1 5 |
| | - HOUR AM MONEY D | PAY YEAR | HOW INJURY C | OCCURRED | (ENTER NATURE OF INJU | IRY IN ITEM 1B | PART I OR I | PAR1 2) | | Ä |
| OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | LOCATION | | 1457/11 | | | | | |
| WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE. | | STREET | | CITY OR TO | NWO | COL | YTML | STA | ATE |
| | oital) attended the deceosed fram. | [-] | . 19_ | 86 | 10 9-13 | | 19_8 | | hat (I) (we | e) las |
| sow the deceased alive a | at) yiew the body after death. | 86 and the | ot in (my) (our) o | pinian deot | h accurred an the d | ate and ha | or and for | am the c | ouses state | ed |
| 226 SIGNATURE | 1 | DEG | | | | | 720 | DATE | NONED | |
| 1 Jame 1 | in alan | | ATTEND | ING N | RECTOR PHYSIC | FF CIAN [] | | 9/1 | 4/6 | |
| 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e | ADDRESS | | -/- | | | 11 | 100 | |
| Dr. Jaime Pur | nzalan | 5 | 5214 Harford Rd. 21214 | | | | | | | |
| 230. BURIAL, CREMATION, REMOVAL | | NAME OF CEME | | | 3d LOCATION | | / | | | |
| (SPECIFY) BURIAL | 9-17-86 C | ROWNSV | IE A | CENT | CROUN | SVIlle | COUNT | MAR | ULA | WE |

DHMH-16 50M 1/B1 (VRA 1S, 4) 24 FUNERAL DIR

BURIAL 9

24 FUNERAL DIRECTOR
BYTOWN Thompson

1913 ** Balto. SY.

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT

ercha.

| + | | | | FOR | | DEPA | | E OF MARYLAND EALTH AND MENT | AL HYGIEN | 1 3 4 | 0 | 4 0 | 70 |
|---|--|--------------|---------------|--|--|--|----------------|------------------------------|----------------|-------------------------|------------------|------------------|---------------------------------------|
| m- 1 | 2261 | 3.7 | 1- | STATE REGISTRAR | | | | ICATE OF DEAT | | REG. NO | б <i>э</i> Э. | -4 . | , , |
| m i | 0.201 | | | CEASED NAME FIR ROS | | AIDDLE LEE | 1/ ~ - | BROWN | 20 | DATE OF DEATH | MONTH D | YEAR | 26 HOUR |
| | page r deat | 11.3 | 3. SEX | Brown | 4 RACE | | 15. DATE O | e Lee | 4 | AGE (IN FEARS LAST BIR) | 9 1 | 7 86 | 2:18 A M |
| | tor. p | -22 | 3. SE/ | | Bla | ck | MONTH | DAY YE | EAR | 62 | A | ONTHS DAYS | |
| - | Page direc | - | 7a. BI | Female RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | | 2Y? 8. | | 23 | BALTIMORE CITY O | R COUNTY | OF DEATH | |
| | # PE | 4/ | | outh Carolina | | S.A. | MARRIE | D NEVER MARRI | ED ' | BALTIMOR | T | | 445 |
| | 1/1 | - | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCU | | | | USUAL OCCUPATE | ON | 12b. KIND | OF BUSINESS OR | |
| 5/8 | 1 19 | D | | Baltimore | 1 | Fruncis Vott Rey Med Centre CUSTODIAN. | | | | | | N/A | |
| 212 | 1 1 | 6 | 13a S | AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR | OTHER INSTITUTION | 13c. CITY OR TO | OWN | 1 13d. INSIDE CITY LIA | MITS? 13e | STREET ADDRESS | ZIP CODE | | 237 |
| AN | y fill | E.L. | | ryland THER'S NAME | | Baltim | ore | YES X NO | | 2000 Odell | Aven | ue Apt | .111 |
| ARY | with | omin | 14. FA | FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIL Carrie | | WIDDLE | | Jeffe | AST |
| m, X | cuted | × 10 | 160 V | ARchie | | nderson | | 17. INFORMANT | | ADDRE | SS | Jerre | PSON |
| BALTIMORE, MARYLAND 2120 | Poge | medico | | res, no or unknown) (1F yes, gr | E WAR OR DATES) | 215-22 | | Ruby And | derson | 7225 Jin | nrowe | Court | 7-4-1 |
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| REST | e death mave co notion, o | trour | | Conditions, if ony, which gove rise to immediate | (b) | | ram | vegative | Jeps. | 17 | 1 | | |
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| 201 | ned the | 7.07 | | PART 2 OTHER SIGNUFICANT | CONDITIONS CO | | | | HE TERMINA | L DISEASE OR CONI | DITION GIVI | EN IN PART 1 | 10 |
| RDS, | n sign Then r to by | in la | CERTIFICATION | D. () 1 | luve | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The law requires that the death acter this certificate has been signed by the attendin as the buriol-transit permit. Then please remove corbin and Mental Hygiene prior to buriol, cremation, arranged or them 18 shows any injury, or other troumatic | | | | 190 DATE OF OPERATION | 196 CONDI | TION FOR WH | ICH OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | | , WERE FIND | INGS USED |
| | | | | 8/18 | (| e (al | VUIVU | 2V | | YES NO | YES | 5 🗆 | NO 🗌 |
| FV | rSICIAN: The ing physicio certificate h uriol-transit Aentol Hygie | 8 64 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH | | ZIE. HOW INJURY | OCCURRED | (ENTER NATURE OF INJUR | RY IN ITEM 18 PA | ART I OR PART 2} | |
| NO | > 0 S 0 < | or Her | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED | P.I | | 19 | 211. LOCATION | | | | | |
| VISI | G Protent | P | ¥ | WHILE NOT WHILE AT WORK | (AT HOME, STR | EET, FACTORY, OFFI | CE_FARM, ETC.) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| ۵ | NDIN If or Use o | s mark | | 22a I certify that (I) (this hospi | ital) attended the | deceosed fro | m8 | 19. | 86 | , 10 9 | 7 | 19 86 | , that (I) (we) lost |
| | TTE propried to the second sec | 121 | | sow the deceased alive on above (f) (we) (flid) (did no | it! view the body | after deoth. | , 01 | nd that in (my) (our) | opinion deol | th occurred on the do | ate and hour | ond from th | e couses stated |
| | DIRECTOR | # He | | 72k SHONATURE | | | | DEGREE ATTENI | DING A | MEDICAL STAF | F \ / | 22c DAT | ESIGNED |
| | by the | Ž. | | 224 PHYSICIAN'S NAME UNITS | W 4007) | | | PHYSIC 22e. ADDRESS | CIAN D | IRECTOR PHYSIC | IAN | 1 7 | 7/17 |
| | TO HOSPITAL retained by the TO FUNERAL I should be detained with the State L | MPORTANT | | Gura S. | Pein Ser | 4 | | France | 1 (10 | H Kenl | 41,0 (| phy | |
| | op op op op | <u>×</u> | 23a. B | URIAL, CREMATION, REMOVAL | (, , - , | 1 2 | 3 NAME OF C | EMETERY OR CREMA | - 3(1 | 23d LOCATION | THE C | | |
| | BP | 1 | (| BUR IAL | 9/22/ | | | emorial Pa | | Randallst | cown, | COUNTY | Md. STATE |
| | DHMH - 16 60M | 7/84 | | NERAL DIRECTOR | | _ ADDRES | is . | | | C'D. BY REGISTRAR | 25b. REGISTI | RAR'S SIGNA | TURE |
| | (VRA 15, 4 | | Ma | rch Funeral Hor | mes 110 | 1 East | North / | Avenue | CED. | 9 1986 | | | |

| | 1 | | | STATE OF A | WARYLAND | | | 9 1 |
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| 00-17984 | 1. | FOR STATE | DE | PARTMENT OF HEALT | H AND MENTAL HYG | GIENE 8 6 | 2 4 4 | |
| 00 11904 | - | REGISTRAR | | CERTIFICAT | L OI DEATH | REG. NO. | | |
| 9 M E | | CEASED NAME FIRST | MAS Roose JA | IT BY | VO)X/ | 20 DATE OF DEATH MONI | DAY YEAR 2h | HOUR DI |
| noy pod de | 3.58 | 10/01 | 1. RACE | S. DATE OF BIRT | TH | 6 AGE (IN YEARS LAST BIRTHDAY | IF UNDER LYEAR IF U | INDER 24 HRS |
| oge 4 n | 1 | MAIE | BIACK | NOV | 22 1909 | 80 | YRS DAYS HO | URS MIN. |
| A 72 10 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | MARRIED WIDOWED | NEVER MARRIED DIVORCED | 19. BALTIMORE CITY OR CO | more Cit | T MD |
| 1 7/ | 中 | LY OR TOWN OF DEATH | | NURSING HOME OF OT | HER INSTITUTION | 12a USUAL OCCUPATION | 12b. KIND OF BU | SINESS OR |
| 58 277 | 11 | SALTIMON | ry BON S | e STREET ADDRESS) | | Shool 184 | | Lie School |
| ND 21 | 13a. S | STATE 135 C | | | NSIDE CITY LIMITS? | 130 STREET ADDRESS AZIP | | 1133 |
| AL HAND | Jrs. | THER'S NAME | | | OTHER'S MAIDEN NA | | 01711 | |
| MAR MAR | VV | VILLIAM | Henry | Brown 1 | ULA | ANY | Dong | sey. |
| SRE, | | | ARMED FORCES? 166 SOCIA | | NFORMANT | ADDRES: | A-NAALLS 1 | ,ax, md |
| De o o o | 1 | NO | 218- | 02-9434) | WhiA Wo | OLLAND 370 | 3 Live OR | K Rd |
| ficate ficate paper | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | er only one couse per line far (a). USED BY: | 15) and 19.1 | - 6.1 | 1.no | APPROXIMATE BETWEEN ONSE | INTERVAL I AND DEATH |
| TS Z | | IMME | DIATE CAUSE (a) | giniansi | y juice | cerce | | |
| re deoth c | | Constitution of the second | DUE TO, OR AS A CON | / / | - | | | |
| A do | | Canditions, if any, which gave rise to immediate | | 6 comis | | | | |
| W. I by the seer the seer the other | 1 | couse (a), stating the underlying cause last | | ISEQUENCE OF | 201 11 | hella. | The state of | |
| th the standard th | | PART 2 OTHER SIGNALICA | NT CONDITIONS CONTRIBUTION | IG TO-DEATH BUT NOT | RELATED TO THE 150A | AINAL DISEASE OF CONDITIO | ON CIVEN IN PART 1/2 | |
| A The bar of the contract of t | Z | Kon | 1 Age Vusa | 2 | NEED TO THE GETTO | MINAC DISEASE ON CONDINIC | NO ON EN IN PART TO | |
| 8 1 1110 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION WA | S PERFORMED | 20a AUTOPSY? 20b | IF YES, WERE FINDINGS | USED |
| 2 1 1 1 1 | E | | | | | YES NOT | CERTIFYING CAUSES OF I | DEATH? |
| 7 110 | E E | 210. ACCIDENT WAS UNDERLYING | | 21c. | HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN IT | | |
| A TOTAL STATE OF | N. AL | OR CONTRIBUTING CAUSE OF | | H DAY YEAR | | | | |
| DIVISION STEE THIS COST HE SOUTH STEE THIS COST HE SOU | EDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 216. | LOCATION | CITY OR TOWN | COUNTY | STATE |
| de d | 2 | AT WORK NOT WHILE | (AT HOME STREET, FACTORY, | OFFICE, FARM ETC) | JINEE! | 2 | | 3,416 |
| | | 22a.1 certify that (1) (this h | aspital) attended the deceased | from 8/26 | 19.80 | | | (I) (we) last |
| E | | saw the deceased alive abave, (1) (we) (did) (did | e and nat view the body after death | 19 Son and that | t in (my) (aur) apınian | death occurred on the date as | nd have and from the cous | es stated |
| A Dept of the state of the stat | | 226 SIGNATURE | // | DEGRI | | | 22c. DATE SIGN | VED |
| The second secon | | | 1 | MY | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 0 8/12 | 1/2 |
| HOSPITAL med by the FUNETAL vide be unit the State | | 22d PHYSICIAN'S NAME (1 | YPouga anny) | 77e | ADDRESS | 1. | 1 1 | |
| TO HOSPITA retained by TO FUNETA should be to with the Sali | | 111. | CEHMAN | / | Son Acco | un holf | relat | |
| 55 1 2 3 | | BURIAL, CREMATION, REMO | | 23c NAME OF CEMET | ERY OR CREMATORY | 234 LOCATION | • COUNTY | STATE |
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| DHMH - 16 60M 7/84 | 24 FI | UNERAL DIRECTOR | III 10 17 E | PRESS TANAP | 02/6 25a. DAT | E REC'D. BY REGISTRAM 25b. F | REGISTRAR'S SIGNATURE | |
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| U | 1930 | A 100 TO | STATE REGISTRAR | | MI | | EXAMINE | R'S C | ERTIFIC | CATE | OF DEA | THO | REG. NO | | _ ′ | | dia |
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| - | 300 | - | Baltin | ore | Johns I | Hopkir | ns Hospi | tal | | | N | /A | | | | | |
| 5 | 20 g 0 g | USUA 13a S | | (IF IN NURSING HOME (| OR OTHER INSTITUTION, | | E BEFORE ADMISSION Y OR TOWN | | 13d INSIDE C | CITY LIMITS? | 13e STRE | ET ADDRES | SS | | | | |
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| | E 55.50 | (YI | s, no, or unkno | WN) (IF YES, GIVE | WAR OR DATES) | 220 | 804554 | | Time | 2222 | Cmi+ | h 151 | 5 Gors | mah | Attor | 2220 | |
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| | ASESSE | | PART 2 OTHER SI | GNIFICANT CONDITIONS | CONTRIBUTING TO DEAT | H BUT NOT REL | ATEO TO THE TERMINA | AL OISEASE | OR CONDITIO | ON GIVEN IN P. | ART 1 ras | | | | | | |
| | #9955B | NO. | The same | | | | | | | | | | | | | | |
| 4 | BE TOWN | E. | 190. DATE OF | OPERATION | 196 COND | ITION FOR | WHICH OPERA | TION W | AS PERFOR | RMED? | | | | MIL | 20 AL | JTOPSY? | |
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| # | N N N N N N N N N N N N N N N N N N N | CERTIFICATION | | L CAUSE WAS | 216. TIME C | | B.W. WE - | 21c. HC | W INJURY | Y OCCURR | ED LENTER | ATURE OF INJ | URY IN ITEM 18 P | ART I OR PA | | - A | |
| 5 | STOOM STOOM | | UNDERLYING | OR CALISE OF | DEATH [1:3] | | 24/19 86 | SI | biec | t sho | t dur | ing a | lterca | ation | 1 | | |
| N. | OF TABLE | MEDICAL | 21d. INJURY C | | 21e PLACE | OF INJURY | (AT HOME, | 211 LOC | ATION | 0 0110 | - Call | | | | - | - | |
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| 3 | FEGER | | death result | ed fram: Nate | ni couses | Accident | , Suice | de . | Ноти | cide X | Undete | rmined ma | nner . | | | | |
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| M3 | RESE_ | - | EXAMINER'S (TYPE OR PRI | NAME GY | regory R. | Kauf | Eman, M. | D. / | ADDRESS | | 111 E | enn S | St. | | | | |
| 23 | ASTA - | 23e.B | IRIAL CREMA | TION, REMOVAL | 3b. DATE | 23c. | NAME OF CEME | | | ORY | 23d. LO | CATION | | | | | |
| pp | | B | irial | | 9/29/86 | 5 | Cedar H | | | | CITY | Anne | Arunde | 1 cour | AIA | Mary | land |
| br | | | INERAL DIREC | | | | | | | 25a. DATE | | | 25b. REGIS | JRAR'S S | IGNATU | RE | |
| | DHMH - 17 | W | n.C. Mar | ch Funer | alHome Ti | ic. 11 | .01 E.No | rth | Ave. | SF | P26 | 1986 | ווצישוים | midon | v-Nag | Della Person | |
| 1 | (VR A15 ME (5)) | | | | | | | | | OL. | 3 | .000 | | | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) 6 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR BLACK 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore, WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR M USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE LOMBARDS 7 21223 ALTIMORE 239 W 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE STER ESTHER HENSON BRUCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 946 W. Lombard Street Hallie M. Day 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY HITHOM OB IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HE MOCHROMA TOST Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED ā IN CERTIFYING CAUSES OF DEATH? NO YES [NO I Mental Hygi 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the pleceosed fram and that in (my) (our) opinian death accurred an the date and hour and fram the causes stated saw the deceased alive an. 22b. SIGNATUR DEGREE 221 DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be 230. BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 236. DATE STATE Eastview Memorial Pk Ballymore, 10/4/86 BURIAL Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 March Funeral Homes 1101 East North Avenue (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-HE ESSARY, PLEASE HEALD INECTOR.

FOR YOUR FILES.
THIN 72 HOURS
RESTON STREET, DEATH MATED Michael 10/19 86 Buccino 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED white male June 6, 1952 34 DEAD 10/19 86 O. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New Jersey USA Baltimore City, WIDOWED _ DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1120 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFES Unemployed OR INDUSTRY Baltimore University Hospital Shock Trauma ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Md Prince Georges 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 2120 Laurel YES X Androws Ct 20707 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Buccina Rogers 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 11593 Nor Ray Circle 166. SOCIAL SECURITY NO NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Michele Sisgold 213 58 8391 IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Gunshot Wounds (2) IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION FICATE, WRITING THE WORD." PER E FORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A 1THE STATE DEPARTMENT OF HEA LAND, 21201 "RRIQR TO BURIAL, C 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO F 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 12:30AM 9/ 10/1986 subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION WHILE AT WORK TO MEDICAL EXAMINER: INIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120 parking lot Club. Rt. 198. Ft. Meade, Anne Arundel, Md Autopsy X 220. I certify that I took charge of the remains described above, held on Homicide XX Acident death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9/11/86 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 6 Westview Mem Park 23d. LOCATION COUNTY STATE Cremation Sept. 12, 1986 Catonsville. 07/B4 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH** - 17 1995 Julie Davidson Apr Dinaldson Funeral Home PA Laurel, Md (VR A15 ME (5))

| 00- | 17382 | 1 | FOR - STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENE 6 2 | 9 7 7 5 |
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| | . m.e | 1. DE | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH DAY | 28. 1100K |
| | r, poge | | Walter | Buchanon | | | 36 <u>m</u> |
| | ge 4 mi | 3. SE | male | black | S. DATE OF BIRTH | | UNDER I YEAR IF UNDER 24 HRS |
| | Send di | | IRTHPLACE ISTATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COUNTY O Balto . City | F DEATH MD. |
| 1 | by the fu | 10. 0 | Balto. | 11. NAME OF HOSPITAL, NURSING THE STREET LYNGHUX | NG HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TOOC Preparat: | 12h KIND OF BUSINESS OR |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 212D | s ompletely filled in b 1 and 2 should be fil | 14 F | STATE 136 COUNTY ATTERIS NAME Walter Bucha was deceased ever in u.s. ar | MIDDLE MED FORCES? 186 SOCIAL SECU | City YES NO 13.6 INSIDE CITY LIMITS? City YES NO 15 MOTHER'S MAIDEN NA FREST Molley Sim | 130. STREET ADDRESS 2/2 1103 Lyndhurs | 29 |
| MOM | Pop a | | YES, NO OR UNKNOWN) (IF YES, GIVE | 247 - 7 0 - | 1635 Naomi McKn | ight 1103 Lyndh | uret St |
| STON SI., BALT | Head certificate is then do certificate of the moves of tempoor | | PART I. DEATH WAS CAUSE | DUE TO, OR AS A CONSEQUE | A E HEMIPL | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 MAD M/KD |
| 301 W. PRE | gned by the property of the place of the pla | | gave rise to immediate cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE | | MELLITUS | 3 yrs |
| AL RECORDS, | he law requon. On. has been si t permit. The tene prior to ows ony inju | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, V IN CERTIFYII YES NO YES | VERE FINDINGS USED NG CAUSES OF DEATH? |
| DF VII | trysician: The ding physicio physicio is certificate buriol-tronsit Mentol Hygie or frem 18 sho | | 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA | TH HOUR A.M. MONTH DA | AY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18, PART | 1 OR PART 2) |
| VISION | ING PHYSICIAN: In other this certifical After this certifical os the buriol-fron lith and Mentol Hy norked or frem 18 | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK | P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 19 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | ATTEND spital a CTOR: J far use a Hea | | | tal) attended the deceased from | DEGREE | to SPIEMS TO | |
| | TO HOSPITAL OR retained by the ha TO FUNERAL DIRE should be detached with the Store Dept IMPORTANT. If then | | Momma 22d PHYSICIAN'S NAME (TYPE OF | Skeman | ATTENDING PHYSICIAN 220 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/4/86 |
| | O HOSPITAL etained by the TO FUNERAL should be det with the State | | NORMAN | 11/100 /11/1 | | MONDSON A | E |
| | F C C 4 Z 3 | (| BURIAL, CREMATION, REMOVAL BURIAL | | t. Auburn | Balto. Md. | UNITY STATE |
| | DHMH-16 60M 1/73 (VR A 15 (4)) | 24 F | UNFRAIL-DHAFFTAR | 2700 Edmondso | n Ave. SF | P Q 1986 | RISEIGNATURE |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR . DECEASED NAME 20. DATE KNOWN 25 HOUR MONTH (TYPE OR PRINT) ESTI-OF DEATH MATED Joseph L. Bugachic 9-4 86 19 SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE 6:30 a.m YEAR LAST BIRTHDAY) PRONOUNCED 86 Male White 73 DEAD WITHIN To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S. WIDOWED [DIVORCED Baltimore City, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 834 N. Eutaw Street (Soc. Security) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. 834 Eutaw St. Md. YES [NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT [YES, NO, OR UNKNOWN] I LIF YES, GIVE WAR OR DATES! 179-10-2420 linkn. ICAL EXAMINER ALONG A BURIAL - TRANSIT PERMIT P H AND MENTAL HYGIENE, DI MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B OF HEALTH A URIAL, CREMA CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "9 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIS BATTER DEATH, WITH THE STATE DEPARTMENT OF HIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, DIVISION OF VITAL YES NOXX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO AT WORK Inspection XX 22a I certify that I took charge of the remain described above, held on Autopsy and in my opinion Natural causes XX Homicide death resulted ro Undetermined manner Assistant MEDICAL EXAMINER DATE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal. 9-10-86 07/B4 SEP 1 5 1900 STATE DELLE SECTION OF THE SECTION OF 25M 24 FUNERAL DIRECTOR **DHMH - 17** Airia Daydoon Pandall ADDRESS Anatomy Board Balto., Md. (VR A15 ME (5))

DING PHYSICIAN. The

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| 3 | ł | 1 | _ | FOR STATE |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2

| | | | | | KLO. INO. | | |
|---------------|-------------------------------------|-------------------------------|----------------------------------|---|---|---------------------|-----------------------------------|
| | | FIRST tthew | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| 1 | | | | mba | September 20, | | 7:30 Am |
| 3. SI | EX | 4. RACE | | TE OF BIRTH ONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN. |
| | Male | White | 000 | t. 26,1963 | 22 YR | | |
| 10 | BIRTHPLACE (STATE OR FOR | EIGN 76 CITIZEN OF | WHAT COUNTRY? | RRIED NEVER MARRIED | 9 BALTIMORE CITY OR COU | | 1 18 11 |
| Ma | aryland | U.S.A | | OWED DIVORCED | Da7+imono C: | ity | MD. |
| 10 (| CITY OR TOWN OF DEATH | | HOSPITAL, NURSING HOA | ME OR OTHER INSTITUTION | 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN | | OF BUSINESS OR |
| | Baltimore | Mary1 | and General | Hospital Property of the Hospital Property of | Student | | 47.7 |
| | | HE WAS SHOTHER INSTITUTION | GIVE RESIDENCE BEFORE ADMISS | (1) INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | ODE | |
| Ma | | arford | Havre de Gra | | 151 Darlingto | | 1078 |
| 14. F | ATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN N. | AME | 140 | * |
| | Henry | Middle | Bumba | Helena | MIDDLE | Zollinl | hoffer |
| 160 | WAS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECURITY N | O. 17. INFORMANT | ADDRESS | | - F - N |
| | NO | N/A | 217-76-6069 | Henry Bumba, | Same As Above | | |
| | 18 CAUSE OF DEATH | Enter only one couse pe | er line for (o), (b), and (c) | | | APPROX | IMATE INTERVAL ONSET AND DEATH |
| | | CAUSED BY. MEDIATE CAUSE (0) | CARdiopula | nonany ARRE | ST | 100000 | |
| | | | | | | | |
| | Conditions it any | | DE COLOR | rory FAILUM | 26 | to Mark | |
| | Conditions, if ony, w | diote | | | | | |
| | couse (a), stating underlying couse | lost. DUE TO, C | OR AS A CONSEQUENCE C | OF Maria las | 1 | | |
| | DADT 2 OTHER SIGNIE | (c) | | ies muscular | MINAL DISEASE OR CONDITION | CRIENT BURNEY I | |
| Z | TART 2 OTTER SIGIVIE | ICAN CONDITIONS C | ONIKIBOTING TO DEATH | BOT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | GIVEN IN PART 1 | a |
| CERTIFICATION | 190 DATE OF OPERATIO | N 196 CONE | DITION FOR WHICH OPERA | TION WAS PERFORMED | 20a AUTOPSY? 20b IF | YES, WERE FINDI | NGS USED |
| 1 8 | | | | | YES TO NOTE | RTIFYING CAUSES | OF DEATH? |
| 18 | 210 ACCIDENT WAS UNDER | LYING 7 216 TIME (| OF INJURY | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM | | 140 |
| | OR CONTRIBUTING CAL | SE OF DEATH HOUR A | .M. MONTH DAY YE | AR | (chick things of moon which | 10 1 10 11 11 11 11 | |
| MEDICAL | 21d INJURY OCCURRED | | OF INJURY | 211 LOCATION | | | |
| ME | WHILE NOT WHILE | (AT HOME ST | TREET, FACTORY, OFFICE FARM, ETC | | CITY OR TOWN | COUNTY | STATE |
| | AT WORK AT WORK | | a l | | 0/2 | 5-2 | |
| | 220 I certify that (I) (th | | | 1986 | | 19 8 6 | tho (we) lost |
| | | (did not) view the body | y ofter death. | | n death occurred on the date and | | |
| | 22b SIGNATURE | 101 | 20 | DEGREE ATTENDING | AMEDICAL STAFF | 22c. DATE | |
| 1 | 1/lechi | rel Del | uman | | MEDICAL STAFF DIRECTOR PHYSICIAN | 111 | 20/86 |
| | 22d PHYSICIAN'S NAM | | C. // | 827 L | ender Ave B. | 11 m | / > |
| | Vi | MICHAEL | JEIIMAN | 0616 | inden itue b. | 7 180 1110 | 15/20/ |
| 23a | BURIAL, CREMATION, RE | | | OF CEMETERY OR CREMATORY | | c (QUNIA | STATE |
| | Burial | 9/23/ | 86 Harfor | d Memorial Gdn | s. Aberdeen Har | ford, Mar | yland" |

Tarring Funeral Home, PA, Aberdeen, Maryland 21001-3399 SEP 29 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled to by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 hours other death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

WAPORTANT: If hem 21 is marked or Item 18 shows any injury, or other froumatic event, the medical examined must be applied of tonce.

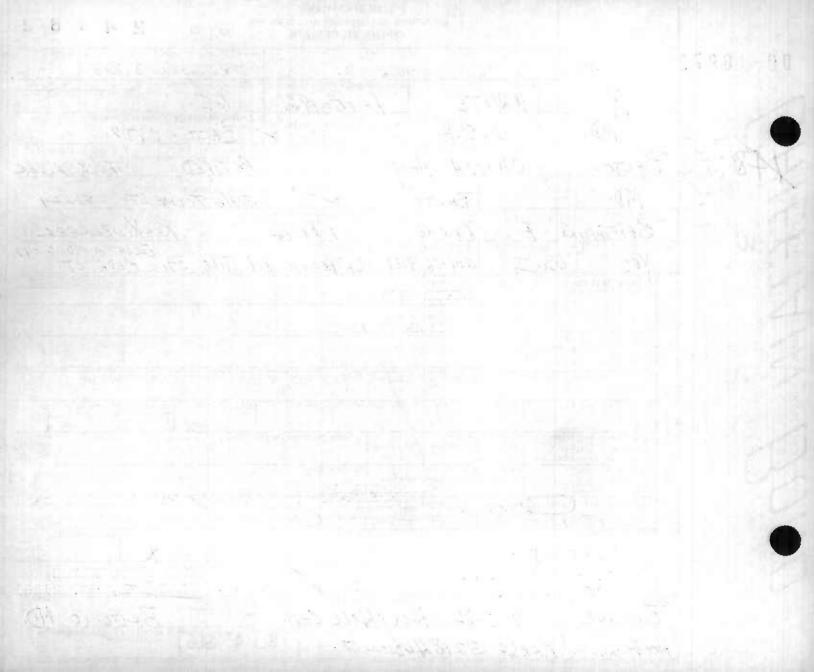
STATE OF MARYLAND

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| ito ell-leda elu no a 2500 por losa 21313 | |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-17267 CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 26. HOUR (TYPE OR PRINT) Bunton Annie aurie 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE MONTH 68 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY South Carolina U.S.A. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 121 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Waitress Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136. INSIDE CITY LIMITS? 1633 Searles Road 21222 Dundalk Maryland Baltimore NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ardis Minnie Thames Blanding 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14 E. Bishops Road (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-16-5242 Elsa Daly Baltimore, MD, 21218 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF matalu Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO I YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF FITHER NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 216. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. 8.6., and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did nat) view the body after death. 226. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS 226. PHYSICIAN'S NAME (TYPE OR PRINT) 94 730. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN (SPECIFY) COUNTY Maryland Burial 9/8/1986 Gardens of Faith Baltimore 14 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 me wendoon yandalow 21222 7922 Wise Avenue Dundalk, Maryland (VRA 15, 4)

| | | | FOR | | | EPART/ | | | ARYLAN AND M | ND ENTAL HYG | IENE, | | 0 1 | | 0 1 |
|--------------------|--|-----------------------|--|--|------------------------------|----------------------------|-----------------------|-------------|-----------------|------------------------------|------------------|---------------------|----------------|----------------------|-----------------------------------|
| 00- | 17438 | | STATE REGISTRAR | | | | EXAMIN | | | | EATH | REG. NO | 2 4 | 7 | 8 1 |
| | | | CEASED NAME | FIRST | | MIDDLE | | 30.7 | LAST | | 2a DATE | KNOWN | | DAY YE | AR 26 HOUR |
| | ET, ES. | | | hawnte | 11 | | | Bu | cden | | | MATED XX | K 9-5 | 19 8 | 36 |
| | STRE STREET | 3. SE) | 4. RACE | | DATE OF BIRTH | YEAR | 6. AGE (IN YE. | | DER 1 YR. | IF UNDER 24 H | RS. 20 DAT | | HTMOM | | 2 2:20 |
| | YOUN YOUN TON | | male Blac | | 2 10 | 86 | | Rs. 6 | | | DEA | (D | 9-6 | | 30 a. M |
| | NECESSARY, PLEASE FUNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET, | /a Bi | RTHPLACE (STATE OR PREIGN COUNTRY) | /6. | USA | IAT COUN | ITRY? | 1 1 1 1 1 1 | - | VER MARRIED | K. | MORE CITY O | _ | OF DEATI | 1 |
| | N S C | 10. CI | TY OR TOWN OF DEATH | 1 11 | NAME OF HOSI | PITAL NUE | RSING HOME | WIDOW | | DIVORCED | | timore | | KIND O | F BUSINESS |
| | A PARTIE OF THE | | Baltimore | / | 2800 Si | lver | TREET ADDRESS) Hill A | venue | | | FOR MOST OF WO | ORKING LIFE) | Of HOME | OR IND | |
| 2130 | S S S S S S S S S S S S S S S S S S S | 13a S | AL RESIDENCE (IF IN NU TATE Md. | COUNTY | HER INSTITUTION, GIV | 13c. CITY Balt | ORTOWN | ON) | 13d. INSIDE C | NO [| STREET ADDR | RESS Silverh | ill A | ve. 2 | 1207 |
| No. | SCHOOL | 14. F | ATHER'S NAME Joe 1 | C. [^] | Bur | den | LAST | | 15. MOTHE | R'S MAIDEN N IRST hawn | AME | MIDDLE P | Re | ŁAST | |
| IMO | N N O S N | 16a. V | VAS DECEASED EVER IN | U.S. ARMED | | | TAL SECURIT | Y NO. | 17. INFORA | TNAN | | ADDRESS | | 770 | |
| MIT | S AH SAGE VISION | | N/A | 100,0110 | | N/A | | | Cla | ra Reed | 2800 | O Silve | rhill | Ave. | |
| II W. PRESTON ST., | ED WITHIN 24 HOURS PENCIL IN ITEM 18 G AMPINER ALDING WIT TRANSIT PERMIT FORMAT ALT FORM | | PART I DEATH (PART I DEATH WAS IA Conditions, if ony gave rise to im couse (a) stating th lying cause lost. | CAUSED BY AMEDIATE C , which imediate | SI | adden as a con | Infan | OF | ath Sy | ndrome | | | | APPROXI BETWEEN C | imäře intervál Diset and death |
| RECORDS, 20 | VILD BE EXECUT PENDING" IN BY MEDICAL EX SED AS A BURIA HEALTH AND A L CREMATION | NO | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONT | (c)RIRUTING TO DEATH I | RUT NOT RELA | TED TO THE TERM | INAL DISEAS | E OR CONDITIO | N GIVEN IN PART 1 : | 0 | | | | |
| | HE AND A SEAL OF HEAD | CAT | 190. DATE OF OPERATIO | ON | 196. CONDIT | ION FOR \ | WHICH OPER | W MOITA | AS PERFOR | MED? | | | N 186 | 20 AUTO | PSY? |
| - F | SESTINATION ! | TIF | | | | | | | | | ice/A | 0.796 | | YES E | NO [|
| DIVISION OF VITAL | CERTIFICATE SHOULD TING THE WORD "P DED TO THE CHIEF 13 SHOULD BE USED DEPARTMENT OF HE I PRIOR TO BURIAL | MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CAI | USE OF DEA | | MONTH | 19 | 2 | | OCCURRED (E | NTER NATURE OF I | INJURY IN ITEM 18 P | PART 1 OR PART | 2) | |
| DIVIS | WRITIN WRITIN WRITIN AREDE 11201 P | MED | WHILE NOT WE AT WORK | HILE | 21e PLACE C STREET, FACTO | OF INJURY ORY, FARM, E1 | (AT HOME, | | CATION | | CITY OR T | OWN | COUN | TY | STATE |
| • | MEDICAL EXAMINER: TI CUTETHE CERTIFICATE, Et 4 SHOULD BE FORW ET DEATH, WITH THE ST ER DEATH, WITH THE ST TIMORE, MARYLAND, 2 | | 276. I certify that I to death resulted from: ACTUAL SIGNATURE | ok charge of | the remains desc | Accident | | Autop | , Home | PECIFY) | Inquiry | monner . | DATE SIGNED | 9-6 | - 86 |
| | TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO | | (THE CHILATO) | | rita A. | | | | ADDRESS_ | | | Balto | ., Md | . 21 | 201 |
| 07/84 | BP | B | urial, cremation, rem urial | | /9/86 | | edar H | | Cem. | | | Arundel | , | | STATE |
| 25M | DHMH - 17 (VR A15 ME (5)) | 000 | M C March F | /H Wes | at. 431 | 00 Wa | bash A | ve. | | 25a. DATE REC'I | D. BY REGISTR | AR 256 REGIS | STRAR'S SIC | - | ME |

| | | | | STATE OF MARYLAND | | | |
|--|----------|--|--|---|---|--|-------------------|
| | L | FOR STATE REGISTRAR | | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | O O REG. N | | 8 2 |
| 1-1-697 | | CEASED NAME FIRST | MIDDIE | LAST | 20. DATE OF DEATH | | 26 HOUR |
| 0.0 | 4 | MHOE | J. Bu | JRKE SR. | SEPTEMB: | | 6:28/2 |
| | 3. SE | × M | 4. RACE | 5. DATE OF BIRTH | 6. AGE JIN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR | HOURS MIN. |
| ige 4 urs off | | /*/ | WHITE | 1-15-1921 | 65 | YRS. | |
| h. Po | 70. B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY OF DEATH | |
| 1 | - | 11. | U.S.H. | WIDOWED DIVORCED | DAUTO | · CITY | MD. |
| 18 1 | Des | DACTO. | US NOT IN SUCH FACTLITY, GIVE STREET | NG HOME OR OTHER INSTITUTION TADDRESS) | 120. USUAL OCCUPATION OF WORK FOR MOST OF | ON 126. KIND OF INDUSTRY | BUSINESS OR |
| 1 7 77 | USU | AL RESIDENCE HE NURSING HOME OF STATE A N 13b. COUP | OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | le expert appores | 7.76 | Dana |
| 2 = 2 | 100 | MD. | 131 CITY OR TOV | | 3416 TOO | | 1224 |
| thin thin | 14. F | ATHER'S NAME | | 15. MOTHER'S MAIDEN NA | ME | 0 | - |
| w bed w | | BENJAMIN | F. BURKE | MARTHA | MIDDLE | KECKENBER | GEL |
| Pages medical | | | MED FORCES? 166 SOCIAL SECTION (F WAR OR DATES) | 8131 CATHERINE A | ADDRE | SS FACISTON N | 10. 21047 |
| -0 0 % e | F | | | | C-h 1114 2 | 102 PIEVE C | AYE INITEDIAL |
| physical popper naval. | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ily and cause per line far (0), (b), ar D BY: T. TVFD | FAILURE | | BETWEEN O | NATE INTERVAL |
| 0000 | | IMMEDIA | TE CAUSE (D) | FAILURE | | | |
| ath cendin a corb n, or matic | | | DUE TO, OR AS A CONSEQUE | ANOL ABUSE | | | |
| e atter move on traum | | Canditions, if any, which gove rise to immediate | (b) E111 | ANOL ABUSE | | | |
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| s ped a | | PART 2 OTHER SIGNIER ANT / | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINIAL DISCASS OR CON | DITION CIVEN IN IN ADT 1 | |
| signe signe hen p ta bur | Z | TAKE Z. OTTEK SIGIVIFICATOR | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT KEEKIED TO THE TERM | TINAL DISEASE OR CON | DITION GIVEN IN PART 118 | |
| been mit. I prior | CATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICE | OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FINDING | GS USED |
| ws ne lo | J.≅ | The second second | | | YES NOT | IN CERTIFYING CAUSES O | OF DEATH? |
| F 0 8 0 E | CERTIFIE | 21a. ACCIDENT WAS UNDERLYING | | 21c. HOW INJURY OCCUR | | | 140 |
| SICIAN: ng physicertificat orial-fron ental Hy Item 18 | 10.0 | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | | | |
| 3 PH stendard the bond ond | N N | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) STREET AUGUST 19 | CITY OR TO | WN COUNTY | STATE |
| or offer the seas the colth and marked | | | tol thended the deceased fram | 8 9 AKKAKKAKK | SEPTEM | BER 1, 86 | not (I (we lost) |
| TTEN TOR. For us of He | | saw the deal alive on | PTEMBER 1,9 | 86, and that in (my (our) opinion | death occurred on the de | | |
| TA GO | | The Signature | it) view the bady ofter death. | DEGREE | | 22c DATES | |
| | | 12 Main | bul. | ATTENDING | MEDICAL STAI | FF . A | |
| PITA by by State | 1 | THE PHYSICIANS NAME THAN | (Print) | | | | |
| TO HOSPITAL of the should be deta with the State IMPORTANT: IMPORTANTENT: IMPORTANT: IMP | | B. NAPPA | AL M. D. | 100 N BROA | DWAY DAT | L CORPORAT | |
| Ope Ope M | 73o | HODES BURIAL, CREMATION, REMOVAL | M. D. | NAME OF CEMETERY OR CREMATORY | DWAY, BAL | TIMORE, MD. | 21231 |
| BP | | DURIAL | 0-0- 11 1 | 11/2/1/11/11/ | CITY OR TOWN | ZACTO A | - MA |
| | 24 F | UNERAL DIRECTOR | 17-7-06 IN | | E.REC'D. BY REGISTRAR | 256 REGISTRAR 9 SIGNATU | Reda Ma |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 1 | of Forman - CK | 2012 32 18 11 | UDSON ST. S | EP 4 1986 | The sound of the s | |
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| - 0 | | 1 | · C | | | | OF MARYLAND | | and | |
|------------------------|--|---------------------------------------|--|----------------------------------|-----------------------------------|----------------|---|-----------------------------------|----------------------|---|
| 00-1 | 016 | 1 | FÓR - STATE REGISTRAR | | DEPAR | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 3 6 | 2 | 4 7 8 3 |
| 10 - 1 | 0101 | | ECEASED NAME FIRS | T ~ | AIDDIE | ı | AST | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| pe | page 3 | (1) | PE OR PRINT) | erH | D | R | URICE | | 9 9 | 86 530 pm |
| 90 | - Po | 3 5 | EX | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UN | NDER I YEAR IF UNDER 24 HRS |
| 99 | ecta urs af | | m | W | | MONTH | 27 12 | 74 | YRS. | |
| ● € | 10 to | 470. | BIRTHPLACE (STATE OR FOREIGH | | NHAT COUNTRY | MARRIE | NEVER MARRIED | BALTIMORE CITY C | 2 | DEATH |
| # | 1000 | 10 | ITY OR TOWN OF DEATH | | ' ' | WIDOWE C | D DIVORCED DIVORCED DIR OTHER INSTITUTION | DALTIMOR | | MD. 2b. KIND OF BUSINESS OR |
| 1/1 | Eight. | 8 | BALTUNGRE | | FACILITY, GIVE STRE | ET ADDRESS) | NOTHER HASHIOTION | (TYPE OF WORK FOR MOST OF RETURNE | F WORKING LIFE) I | NOUSTRY GENERAL MIUS 1 |
| LUT | 7 3 37 | JUS | JAL RESIDENCE (IF NURSING HO | ME OR OTHER INSTITUTION, | GIVE RESIDENCE BEFO | ORE ADMISSION) | | 1 | | 21701 |
| 2 | 1 | 7. | | ACTIMORE | BALTIN | | YES NO [| 13e STREET ADDRESS . | ZIP CODE | - AUE |
| vilbi. | 12 st | 14. | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | 1457 |
| pe j | la co | | JOSEPH | D. | BUZKE | | MABEL | - | | EVICK |
| xeco | Pages medica | 160 | WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (1EX | S. ARMED FORCES? | 2/6-07 | | 17 INFORMANT | ADDRE | | |
| pe | a vi e | | yes | WII Army | 2/6-0/ | -0772 | BURKE, BERN | 1166 4174 | HOMESDA | |
| Cate | ohysici paper naval. ent, th | | 18 CAUSE OF DEATH (En | ter anly ane cause per AUSED BY: | line far (a), (b), o | and (c).) | 2 | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 | 00000 | | | DIATE CAUSE (a) | CARDIAC | KESP. | IRATORY ARRE | 51 | | |
| t d | attendin nove carb lation, ar- traumatic | | | | AS A CONSEQ | | ALC NOVELON | | 200 | 35 DAYS - IDAY |
| e de | | | Canditians, if any, which | le) | n YOCAR | | NFARCTION | | | 1 JUAIS IVII |
| hat # | by Sse O, cr | | cause (a), stating the underlying cause las | , DOL TO, OK | OK OVUAL S | | TRY DISEASE | | | 10 YEARS |
| S S | gned en plec burio | | PART 2 OTHER SIGNIFICA | 107 | - | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN I | N PART Ita |
| in be | The The | ON O | Diabetes | | | | | | | |
| * | rmit prior | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDIT | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WE | ERE FINDINGS USED G CAUSES OF DEATH? |
| The I | nsit per | 才≣ | | | | | | YES NO | YES [| NO 🗌 |
| AN: | certificate rial-transi ental Hygi Item 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE | | | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART 1 | OR PART 2) |
| SICL P | certification or senting them I them I | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | LIFEITHER NOTIFY MEDICALEXA | MINER) P.A | | 19 | | | | |
| 5 PHYSICIAN: The law r | this certificate he burial-transing Mental Hyginal authorities and ar them 18 sh | MEDICAL | 21d INJURY OCCURRED | 21e PLACE C | OF INJURY SET, FACTORY, OFFICE | E, FARM, ETC] | 211 LOCATION STREET | CITY OR TO | WN | COUNTY STATE |
| OZ E | os ti lith a | | AT WORK AT WORK | | | a 1-2 | | - 1 | | 171 |
| END o lo | OR: J | | 220.1 certify that (I) (this saw the deceased ali | 2/2 | deceased from | | d that in (my) (aur) apinion of | to 19 | , 19 | that (I) (we) lost |
| ATTA | ECTO ed fo | | abave, (I) (we) (did) (a | lid nat) view the body o | alter death. | , ., | DEGREE | death occurred on the di | ire and haur and | tram the causes stated |
| he h | toched for Dept. of Hem. | | The se | E/Min | 1 | (1) | ATTENDING | MEDICAL STA | F | 9/9/86 |
| PITAI by 1 | FUNERAL old be detail the State | - | 22d. PHYSICIAN'S NAME | TYPE OR PRINT) | 74 | 6/1 | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 1/7/76 |
| O HOSPIT | Shauld be detained the State Community of the | | MARC E | MAGOD | | | 519 W PRAT | T #404 B | ACT. MI | D. 21201 |
| 5 e | O de y MA | 23a | BURIAL, CREMATION, REMO | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | |
| BF | | bu | rial | 9-13-8 | 6 0 | ak Law | n Cemetery | Balto. | co | Balto., STMD |
| DHAAL | 1 - 16 60M 7/B4 | | FUNERAL DIRECTOR | | | | 250. DAI | P.16 1986 | 256. REGISTRAR | SSIGNATURE |
| | VRA 15, 4) | 1 | ohn C. Miller | , Inc., 64 | 15 Bela | ir Rd. | 21206 SE | L 1 0 1900 | was wand | Other Paris |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | 6 | 2 | 5 | 4 | 8 | |
|---|----------|---|---|---|---|--|
| | REG. NO. | | | | | |

| | 1 - | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND M | | ENE S O REG. NO. | 2. 4 | 9 8 | 4 |
|-----|---------------|--|----------------|--|---|----------|--------------|---------------------|--|--------------------------------|--------------------------------|---------------|
| | | EASED NAME ORPRINTS James | FIRST | , | J. | | rill, Jr | | 20 DATE OF DEATH MONTH | H OAY YEAR | 26 HOUR 1205 | AM |
| | 3 SEX | male | | RACE whi | te | S DATE C | | YEAR | | IF UNDER 1 YEAR MONIHS DAYS | | 4 HRS MIN. |
| 1 | C | RTHPLACE (STATE OR FOUNTRY) Tyland | | USA | WHAT COUNTRY | Sepa | at ed DIV | ARRIED | Baltimore city or col | City | | MD, |
| 1 | Ba: | ltimore | 3.1.1 | Unior | HOSPITAL, NURS H FACILITY, GIVE STRE Memor | ial H | | | 120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK Letter Carrie | KING LIFE) INDUSTRY | | SOR |
| | 13a. S | MD | 13b COUN | OTHER INSTITUTION TY | 13c. CITY OR TO Balto. | WN | -6 | 40 🗆 | 13e STREET ADDRESS / ZIP 4202 Wilshire | CODE Ave., 2 | 1206 | |
| 7 7 | | THER'S NAME FIRST James | J | AIDDLE | Burrill | | | Corence | WIDOLE | Wilso | on | |
| | 16a W | AS DECEASED EVER ES. NO OR UNKNOWN) ES | WW II | war or oates) Army | 201-03- | | George | | rill, 1819 We | | | |
| | | 18 CAUSE OF DEATH PART I. DEATH W | AS CAUSEL | y ane couse per DBY: E CAUSE (a) | Respir | | arres | f | | APPRO SETWEEN | XIMATE INTERV N ONSET AND D | AL EATH |
| | | Conditions, if any, gave rise to imm | | DUE TO, O | RAS A CONSEO | BAP P | reumo | ria | | 2 0 | ts | 7 |
| | | cause (a), statin underlying cause | g the last. | (c)_ | | or nut | | eprend | v | yea | | |
| 7 | ATION | PART 2 OTHER SIGN POCKS 19a. DATE OF OPERAT | in/ | Sronchit | ONTRIBUTING TO | | | | | IF YES, WERE FIND | INGS USED | |
| | CERTIFICATION | 21g. ACCIDENT WAS UND | | 21b. TIME C | • | 6 | | | YES NO PHO | YES THE PART LORPART 21 | NO 🗌 | 1? |
| 1 | MEDICAL C | OR CONTRIBUTING COLUMN CONTRIBUTION COLUMN C | CAUSE OF DEA | TH HOUR A. | M. MONTH M. | DAY YEAR | 211 LOCATION | | | | | |
| | MED | WHILE IN MOLENT | y D | I AT HOME ST | REET FACTORY, OFFIC | 0/1 | STREET | 0' | CITY OR TOWN | COUNTY | 7 | ATE |
| | | 27s.1 certify that (1) now the decoup- gletvo(1) on (c | STORYE BO | by the body | 19 | E6 . al | | aur) pinian d | eath accurred on the date an | | that (I (wine couses star | e) ast |
| | | 22d PHYSICIAN'S NA | ha | 300 | - | | AT AT | TENDING HYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN (| . 9 | 1/18/8 | 76 |
| | | Patr | ick S | Shanah | an M.D. | | Unio | | orial Hospi | tal | | |
| | Bui | URIAL, CREMATION, | REMOVAL | 9-20- | | | Meth. C | emetery | | | to., M | fD |
| | | nn C. Mill | er, I | nc., 64 | 15 Beîlai | r Rd., | 21206 | | REC'D. BY REGISTRAR 256 R | REGISTRAR'S SIGNA | | - 40 |

John C. Miller, Inc., 6415 Belair Rd., 21206

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove carban with the State Dept. of Health and Mental Hygrene prior to burial, cremation, ar Pen

IMPORTANT: If them 21 is morked or them 18 shows only

| | | 1 | | | STATE OF MARYLAND | | |
|----------------------------|--|---------------|--|--|----------------------------------|-------------------------------------|--|
| | | 1 | FOR STATE | DEP | ARTMENT OF HEALTH AND MENTAL | HYGIENE & O | 24785 |
| 111- | 19893 | | REGISTRAR | | CERTIFICATE OF DEATH | REG NO | |
| , 0 | a ω€ | | CEASED NAME FIRST | MIDDLE | BUTT | 20 DATE OF DEATH MONTH | 2001 Q. Ym |
| | may be page 3 er death | 1 0 | ~101) N | 4. RACE | DUITON | 7 - | 200 |
| | ofter p | 3. SE | Male | Black | S. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATS HOURS MIN. |
| | direct Manage | 70 B | IRTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | 7 9 35 | A BALTIMORE CITY OR COL | YRS LINITY OF DEATH |
| | Jones and State of St |) IA | APPEN N.C. | USA | MARRIED NEVER MARRIED | Bull. | Cala. |
| | p 52 | 10.5 | TY OR LOWN OF DEATH | 11. NAME OF HOSPITAL, N | JRSING HOME OR OTHER INSTITUTION | | 121 KIND OF BUSINESS OR |
| 5 | | 12 | AHO, Md | TOO IN SUCH SHITY, GIVE | Acer | OF WORK FOR MOST OF WORK | (ING LIFE) INDUSTRY |
| 0212 | 13 | 950 Sn | AL RESIDENCE IF HURSING HOME OF | 13c CHY OR | TOWN 1134 INSIDERITY LIMIT | 11441 | |
| LAN | ابا ک ^{ار} ہ ہے — | 114 F | ATHER'S NAME | ON | YES NO 15. MOTHER'S MAIDEN | | n ave, |
| MARYLAND 2120 | mplete ord 2 | | | Bur Bur | lon Irene | WIDDLE | LAST |
| BALTIMORE, | Pages Pages medical | | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL | SECURITY NO. 17. INFORMANT | 1703 N. A | 2 -1 Balto |
| MIT | D 50 W | - | yes Kor | ear 001-1 | 0.1890 William Q | Wfn 1100 Pin | |
| | physicia physicia paper maval. | | PART I. DEATH WAS CAUSE | | b), and (c). | pre | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| N ST. | 20000 | | IMMEDIA | TE CAUSE (o) | - prairie | | 71 |
| PRESTON | e death ce e attendin move carb tation, ar i | | Conditions, if any, which | DUE TO, OR AS | EQUENCE DI VIIILE | Mysrardieth | east |
| | t tere | 13 | gove rise to immediate cause (a), stating the | DUE TO, OR AS 4 CONS | EQUENCE OF | - 2 - 1 | |
| 201 W. | d by lease rat, cr | | underlying couse lost. | (c) Z | Genera L | - HT | |
| | signe Then pl to burn njury, t | z | PART 2 OTHER TOME CANT | 40 4000 | TO DEATH BUT NOT RELATED TO THE | 0 1 1/ | N GIVEN IN PART 110 |
| DIVISION OF VITAL RECORDS. | - A O + O | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED | | IF YES, WERE FINDINGS USED |
| LRE | Ne per s | IFIC | | | | VESTT NOW INC | ERTIFYING CAUSES OF DEATH? |
| VITA | IAN: The physician physician tificate h tificate h L-transit of Hygier of Hygier n 18 sha | 1 8 | 21a. ACCIDENT WAS UNDERLYING | THE TIME OF INJURY | ZICHOW INJURY OC | CURRED CONTERNATURE OF HOUSE IN THE | South South |
| 9 | 0 2 2 2 2 | 3 | OR CONTRIBUTING C CAUSE OF DEA | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME | DAY YEAR | | |
| NO | d M | MEDICAL | THE INJURY OCCURRED | 21s. PLACE OF INJURY | ZIL LOCATION | CITY DRIDWN | COUNTY Utaff |
| N N | | > | whet Select Sele | This same trees, see July 1 | 1/20 | | 01 |
| u | ATTENDING aspital or oth ECTOR. After d for use as the d for use as the d for use as the | | 27s I certify that (I) (this form | tal) attended the deceased t | | 56 10 9/30 | 1986 that (it (we) last |
| | R ATTE haspite IRECTO hed for ept. of h | | | view the body after death. | ting that in (my) (our) opi | nion death occurred bright date and | d hour and from the causes stated |
| | OR e ho | | 22k SIGNATURE | 1//, | DEGREE | G & MEDICAL STAFF | The Party Soul |
| | HOSPITAL ned by th FUNERAL uld be detailed to the Stote ORTANT: | + | 22d. PHYSICIAN'S NAME (TYPE G | R PRINE) | PHYSICU 127e ADDRESS | MEDICAL STAFF | 1 100/1/80 |
| | | н | wy | Albuerne | | a estagion l | wall. |
| | Of Change | 23a | BURIAL, CREMATION, REMOVAL | | 231 NAME OF CEMETERY OR CREMATO | DRY 23d LOCATION | |
| | BP | LY | eurial | 10/4/86 | GAIRRISON Forest | - BALTO | mo. |
| | DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | E 3485 WADD | , 250 | CT 0 2 1986 Ana | CISTRAR'S SICKM TURE |
| | (VRA 15, 4) | 10. | ANCY M. WALLA | of Dyos W. | LKHUCIN ST. | 1 0 2 1300 7 mm | |



FOR

- STATE

13e STREET ADDRESS / ZIP CODE Romanic CT APT.F MINTZER LAST APT. 300 6300 RED CEDAR PLA. BALTO., MD 21209 APPROXIMATE INTERVAL apparox: 3wks PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY and that in [47] (our) apinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED 8186 PHYSICIAN DIRECTOR PHYSICIAN Sinni Haspital of BHIAmere Belvedore At Greenspring STATIMD BALTO. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 21215 6010 REISTERSTOWN RD. BALTO MD (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

815 A

IF UNDER 24 HRS

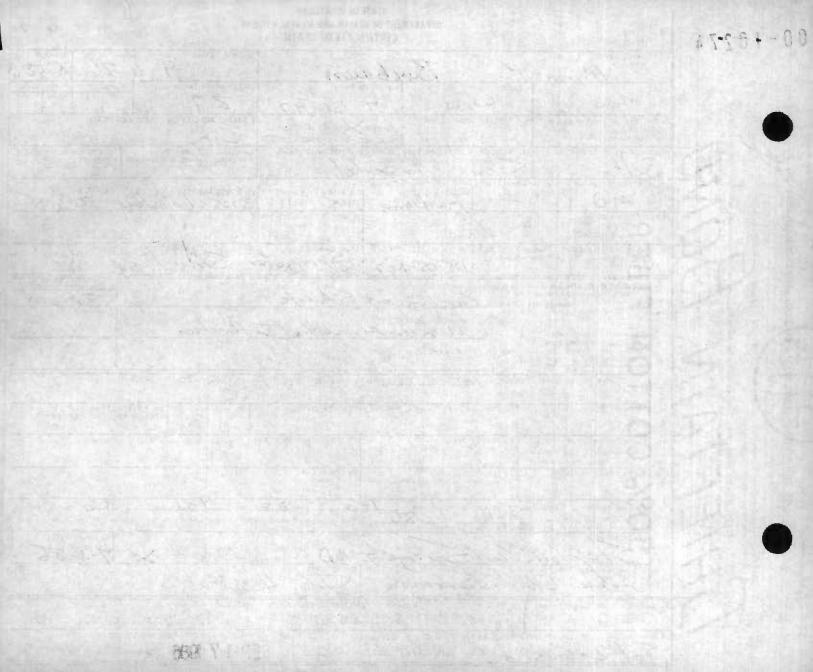
17b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-18467 MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-Lloyd DEATH MATED Butler 9-16 1986 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 11:40 PRONOUNCED B M DEAD 09 9 - 161986 a. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Virginia U.s.a. WIDOWED [DIVORCED Baltimore City CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Railroad South Baltimore General Hospital Baltimore LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 134 INSIDE CITY LIMITS? 13b. COUNTY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Pocoholnas Butler James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES) 236091348 Sallie Butler 2417 TerraFirma Road 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease USED AS A BURIAL - TRAINING OF HEALTH AND MENTAL HYGIRIAL, CREMATION, OR REMOVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION Diabetes Mellitus 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X DECUTE THE CERTIFICATE, WRITING THE WOR PAGE A HOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE ATER DEATH WITH THE STATE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 72s I sentify that I took charge of the remains described goove, held an death resulted from Natural causes X Undetermined manner TITLE (SPECIFY DATE 9-16-86 Assistant SIGNED EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smytl 111 Penn St., Balto., Md. 21201 M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 9/2 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 9/20/86 Maryland National Laurel Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE SEE BY REGISTRATE BY REGISTRAT'S SIGNATURE Wm.C.March Funeral Home Inc, 1101 E.North Avenue **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-19105 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) CHARLES BUTLER 20.86 SAMUEL 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR BLACK MALE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) SALTMORE BALTIMORE, CITY DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY BALTIMOR= LOCHRAVEN VETERANS ADMIN HOSP. ENGINEER BALT. CITY SCHOOL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION APT-A-917C 130. STATE MARYLAW NISH, COUNTY 13e.STREET ADDRESS / ZIP.CODE 13d INSIDE CITY LIMITS? BALTIMORE 1190 BALTIMORE ALTIMORE W. Northern 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST WILLIAM BUTLER PMMA POWELL BALTIMORE, MARYLAND 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ME SOCIAL SECURITY NO 17 INFORMANT. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21505 0014 WWI MARY W. BUTLER 1190 W. NORTHERN PARKWAY YES 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIO VILMENARY ARREST DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA ASPIRATION Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. END STAGE ALZHEIMER'S PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 220 1 certify that (1) (this hospital pattended the deceased from. saw the deceased alive on and that in (my) (our) opinian death occurred an the date and have and from the causes stated obave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 9.20.86 PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME LITTE OF PRINTE 22e ADDRESS 22 S. Greene St UNIV MD 1405P DEPT MEDICINE NIERIC CARNELL Boult Mp 21201 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY LOUDEN PARK CEMETERY BALTIMORE, BURIAL MARYLAND 14 FUNERAL DIRECTOR NUTTERAL HOME, TORES TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21216 DHMH - 16 60M 7/B4 2501 GWYNNS FALLS PARKWAY BALTIMORE, MARYLAND (VRA 15, 4)

| | | | | | | | | STATE | OF MARYLAND | | | | - |
|-----------------|--|----------|---------------|---|---------------|--------------------|------------------------|---------------|--|---------------------------|------------------|---|------------------------|
| 00- | +82-7 | l | 1 - | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE & 6 | 2 4 | 4 4 | 8 9 |
| | • ω£ | | | CEASED NAME FIRST | ST | 1 | DOLE R | ./ | AST | 2a DATE OF DEATH | MONTH DAY | -1 | HOUR |
| | poge r deat | | | 11/4/04 | | C+ | 04 | X D a | um | . 105 | | | M |
| | ctor, p | | 3 SEX | MALE | 4. R/ | ACE W | HITE | 5 DATE C | | 6. AGE JIN YEARS LAST BIR | YRS. | | UNDER 24 HRS OURS MIN. |
| | 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 72 | | RTHPLACE (STATE OR FOREIG | 7b. C | ITIZEN OF V | VHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | | EATH | Transition of the |
| | 100 | - | - | ENNSYLVANIA | | US | | WIDOWE | | City | - BALI | | MD. |
| it | 包围外 | 12 | J. C. | BY OR TOWN OF DEATH | < | | FACILITY, GIVE STREET | | FROTHER INSTITUTION | TYPE OF DIST MMG | | PEP BO | USINESS OR DYS |
| 212 | 9 4 | 200 | USUA 130 S | L RESIDENCE (IF NURSING HO | | | | | THE PROPERTY OF THE PROPERTY O | 12 CYDEET ADDDECE | 710 0000 | APT. | A |
| 2 | 九 善量 九 | 5 | 130 3 | mo | COUNTY | - | Baltin | 4 | 13d. INSIDE CITY LIMITS? | 3705 Clar | 25/4 Mè | | 215 |
| YLA | thin she | Der | 14 FA | THER'S NAME | | | | | 15 MOTHER'S MAIDEN NAM | AE | 044-4 | | |
| AR | mplet of d | was | | ALBERT | MIDO | | BAUM | | JENNI: | F. MIDDLE | STE | PNI LAST | |
| m, S | 5 -0-060 | 0 | lóa ∨ | AS DECEASED EVER IN U. | S. ARMED | | 16b SOCIAL SECU | RITY NO. | | RS. HELEWS | | | ר ח |
| MOR | 0 0 0 | ne dio | N | | YES GIVE WA | | 19-4 | 9007 | 3705 CLARKS | LA BAST | | 212 | |
| LI | be be | hen | | | | | | | DJOS CURITARD | DAY -7 DEGI | 0.17 11119 | APPECIALAL METWEEN ON | |
| BA BA | hysic | nt, 1 | | 18. CAUSE OF DEATH (En | AUSED BY | ne couse per | 1. 1- | | 66.1 | | | | - |
| ST. | entife gg p | eve | | IMM | EDIATE CA | AUSE (a) | err/10g | care | STOCK | | 13000 | SPE | ers. |
| PRESTON | ndin cork | notic | | | | DUE TO, OR | AS A CONSEQUE | NCE OF | . / /- | -11 | 6 5 5 6 | | |
| EST | deo atte | 000 | | Conditions, if any, whi | | (b) | Mass/2 | re M | yocardia/I | nferten | | 1000 | 1000 |
| 9" | the rem | er tr | | gave rise to immedia cause (a), stating t | he 1 | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | |
| 5 | that by sase al, cr | rat | | underlying cause lo | ist. | (c) | | | | | 326 | 1 | |
| DS, 201 | signed hen ple to burn | ıjury. o | NO | PART 2 OTHER SIGNIFIC | ANTCON | DITIONS CO | NTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | PART 110 | |
| RECORDS | or re- | À () | FICATION | 19a DATE OF OPERATION | | 196 CONDIT | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE | | |
| 2 | n. nos b perm | osm 7 | IFIC | MISS EASTER TO | 790 | | | | | YES T NOT | IN CERTIFYING | | DEATH? |
| IAI | | ods | CERTI | 210 ACCIDENT WAS UNDERLYH | NG 🗍 | 21b. TIME OF | INJURY | | 21c. HOW INJURY OCCURR | | | | |
| 7 | 4 | E () | | OR CONTRIBUTING CAUSE | | | A. MONTH DA | YEAR | | ED (Francisco) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Z | SIC | 2 / | MEDICAL | (IF EITHER NOTIFY MEDICAL EX | | P.A 21e PLACE C | | 19 | 211 LOCATION | | | | |
| DIVISION OF VIT | | rked or | ME | WHILE NOT WHILE E | | | ET, FACTORY, OFFICE, F | ARM. ETC) | STREET | CITY OR TO | WN C | OUNTY | STATE |
| a | A. A | s mo | 76 | 220.1 certify that (I) (this | hospital) | attended the | Part of | 7- | 6 1986 | | | 6 the | t (I) (we) last |
| | pito pito for I | 21 : | | saw the deceased all above, (1) (we) (did) (| | 9-11 | after death | <u>C</u> . or | d that in (my) (our) opinion (| death accurred on the de | ite and hour and | from the cou | ises stated |
| 34. | OR A e hos DIREC | Hem | | 226. SIGNATURE | 1 | - | 1 | , | PEGREE | RENALEE | | 22c DATE SIC | SNED |
| | AL OI AL DI detoch | * | 100 | 5tool | anl | Made | 55000 | icho | PhID ATTENDING PHYSICIAN | MEDICAL STAI | IAN | 9-11- | 86 |
| | OSPITA ed by UNERA d be d | Z | 20 | 22d. PHYSICIAM'S NAME | (TYPE OF PRIN | VI) | 100 | | 27e ADDRESS | 1 11 | | | |
| | HOSP FUNE FUNE h the | MPORTAN | | Steplon (| Char | rlos. | Springe | ite | Singi Ho | spital | | | |
| | TO H TO F shoul | <u> </u> | 23a B | URIAL, CREMATION, REM | OVAL 12 | Bb DATE | 1231 N | NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | | | |
| | BP | 13 | (| BURIAL | | EPT.12 | | | ORE HEBREW | CITY OR TOWN | STOWN BA | OT.T. | MD |
| | 07 | | 24 FI | INERAL DIRECTOR SOL | | | | | | REC'D. BY REGISTRAR | | | |
| | DHMH - 16 60M | 7/84 | < | 6010 BEIS | | | | | | EP 1 7 1986 | ناده معشمار | | |
| | (VRA 15, 4) | | U | 10 10-2007: | 150 | SHIT ILL | · DAULO: | / LID | 21213 | T 1 1900 | d'and the | a forthern a | |



| | SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 |
|---|--|
| PHYSICIAN: The low requires that the death certificate but executed within 24 hours after them. Page 4 may be indired physician. | rd within 24 hours offer aboth Page 4 mo |
| his certificate has been signed by the attending physician ordinancially filled in by the treatal discussional behavior-troops permit. Then please remains carbonapaers. Pages I, and a solution behind which the filest with the death | spierely filled in by the 1 supplies con po |

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| | | | | JIAI | EUFMAKTLAND | 3 / | 81 | 1 1 | 1 1 13 | |
|---------|--|---|--|--|--|--|--|--|--|--|
| 1- | FOR STATE REGISTRAR | ı | DEPARTA | | | | 0. | 4 | 7 0 | |
| | | | MIDDLE | | AST | 2a. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR | |
| | Shirle | y M. | Byrley | 600 | | | | 1986 | 6:00A | |
| 3. SE: | X | 4. RACE | 112733-1 | | DAY YEAR | 6 AGE (IN YEARS LAST BIR | THDAY) | MONTHS DATE | IF UNDER 24 HRS | |
| San Pro | | | | 09 | 02 36 | 50 | YRS | | | |
| | COUNTRY) | | | 8 MARRIE | D X NEVER MARRIED | _ | | | | |
| | | | | | | | | | MD | |
| } | Baltimore | (IF NOT IN SU | 8806 Hicko | ADDRESS) | | TYPE OF WORK FOR MOST C | F WORKING LI | FE) INDUSTRY | Binding | |
| 13a S | STATE 136 COL | | 13c CITY OR TOW | N | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 3806 Hi | zip cobi ckory | Avenue | 21211 | |
| | FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | MIDDLE | | Johns | | |
| 14- 1 | MAC DECEASED EVER IN ILE A | | 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDRESS | | | | |
| | NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) | 212 36 3 | 446 | Robert E. By | rley s | ame | | | |
| | 18 CAUSE OF DEATH (Enter of | nly one couse pe | r line for (o), (b), and | d (c) i | | / | | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH | |
| | PART I. DEATH WAS CAUS | ED BY: ATE CAUSE (a) | Myocar | di~1 | in favetio | n (Henry 14) | Hack |) | | |
| | | | | | | | | | | |
| | Conditions, if any, which | (b)_ | Covav | nary | artery | diceace | | | | |
| | cause (o), stating the | DUE TO, C | | . 4 | | | | | | |
| | | (c)_ | - /- | (FA) (A) DADT 1. | | | | | | |
| NO | TAKI 2 OTTEK SIGNIFICATO | CONDITIONS | ON TRIBOTINO TO L | ZEATH BOT | NOT RELATED TO THE TERM | | | | o . | |
| CATI | 190 DATE OF OPERATION | 19b. CONE | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | | | |
| TIF | | | | | | YES NOTE | | | NO [| |
| | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A | .M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | | | | | |
| EDIC | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | ARM STC \ | 211 LOCATION | CITY OR TO | WN | COUNTY | STATE | |
| 2 | AT WORK NOT WHILE | | met, raerom, orrice | AMIT, 210 y | | | | | | |
| | saw the deceased alive a | 917 | 19 | 86,0 | nd that in (my) (aur) apınıan c | death accurred on the de | ate and hou | | that (I) (we) lost causes stated | |
| | 226 SIGNATURE | St | ember | m | ATTENDING | MEDICAL STA | FF CIAN [] | 22c. DATE | 19/88 | |
| | | | | | 7600 Osler | Drive Tows | son, N | Md. | | |
| | (SPECIFY) | 100 | | | | 23d LOCATION CITY OF TOWN | | COUNTY | STATE | |
| 24 51 | Burial | 9/20 | /86 Wo | oodla | wn Cemetery | Woodlawn | Balt | to. Co. | | |
| Z4 F | | unoral | Homo 3631 | Fo11 | | 23 1986 | Z30 KEGISI | IRAK S SIGNAT | TURE | |
| _ | Darkee-Heliss I | ulletat | TOUR 2021 | rall | 2 MT STSTFOCE | | | | | |
| | 1. DE (TYPE) 3. SE 70. 8 10. C 114 F/ 160 \ (1) 10. C 114 F/ 10. C 114 F/ 115 | 1 - STATE REGISTRAR 1. DECEASED NAME (IYPE OR PRINT) Shirle 3. SEX Female 78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 18. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OF STATE 13th STATE 13th COUNTRY) Md 14. FATHER'S NAME FIRST Jack Madison 15th WAS DECEASED EVER IN U.S. A (INNO) 16th VES. G PART 1. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMIN) 21d. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING) OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN) 220. Lecrify that (I) (this hosp saw the deceased alive o obove, (I) (we) (did) (did in 22th SIGNATURE Dr. Mark Stro 23th Burial 24 FUNERAL DIRECTOR | 1. DECEASED NAME (IYPE OR PRINT) Shirley M. 3. SEX Female 78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 138 STATE 138 COUNTY Md 14. FATHER'S NAME FIRST Jack Madison 150. WAS DECEASED EVER IN U.S. ARMED FORCES? (IND) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IND) 161 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. CONCOUNTIONS 190. DATE OF OPERATION 190. CONDITIONS CONCOUNTED 190. DATE OF OPERATION 190. CONDITIONS CONCOUNTED 210. ACCIDENT WAS UNDERLYING 211. ACCIDENT WAS UNDERLYING 212. I CERTIFY THAT (II) (HIS HOSPITCAL) attended to some the deceased olive on obove, (I) (we) (did) (did not view the bod 2726. SIGNATURE 2130. BURIAL, CREMATION, REMOVAL 214. FUNERAL DIRECTOR | The Cause of Death (if yes, give war or dates) 1. Deceased Name (itye or principle) 3. Sex Female 3. Sex Female 4. Race White 7. Country Maryland 10. City or Town of Death Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE Jack Madison 14. Father's Name Jack Madison 15. Cause of Death (if yes, give war or dates) 16. WAS Deceased ever in U.S. Armed Forces? If yes, give war or dates) 18. Cause of Death (if yes, give war or dates) 19. Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. Conditions, if ony, which gove rise to immediate cause (o). Storing the underlying cause lost. 19. Date of operation 19. Conditions for which gove rise to immediate cause (o). Storing the underlying cause lost. 19. Date of operation 19. Conditions for which life timer notify medical examiners) 21. Accordent was underlying and the underlying cause lost. 19. Date of operation 19. Conditions for which life timer notify medical examiners) 21. Resident was underlying and the underlying cause lost. 21. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying and the underlying cause lost. 22. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying cause lost. 22. Resident was underlying and the underlying and the underlying cause lost. 22. Resident was underlying and the underlying an | The Conditions, if ony, which gove rise to immediate cause (1), stating the underlying cause (10), stating the underlying | DEPARTMENT OF HEALTH AND MENT AL HYG REGISTRAR DECEASED NAME (1772 OR PRINT) Shirley M. Byrley 3. SEX Female Value 4. RACE White OBJUST 5. DATE OF BIRTH OWNITH OWNITH OWNITH OWNITH OWNITH MARRIED 16. CITY OR TOWN OF DEATH BALTIMOTE BALTIMOTE 17. SINTEPLACE 18. CITY OR TOWN OF DEATH BALTIMOTE BALTIMOTE 18. CITY OR TOWN OF DEATH 18. CITY OR TOWN OF DEATH BALTIMOTE 18. CITY OR TOWN OF DEATH BALTIMOTE 18. CITY OR TOWN OF DEATH 18. CITY OR TOWN BALTIMOTE 18. CITY OR TOWN BALTIMOTE 18. CITY OR TOWN BALTIMOTE 18. COUNTRY 18. CITY OR TOWN BALTIMOTE 18. COUNTRY 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. COUNTRY 18. CAUSE OF DEATH 18. COUNTRY 18. CAUSE OF DEATH 18. COU | DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. N. REG. STARE STATE STATE REGISTRAR REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REGISTRAR REGISTRA | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REGISTAR CERTIFICATE OF DEATH REGISTAR CERTIFICATE OF DEATH REGISTAR REGISTA | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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| 18246 | 1 | FOR - STATE | DEPAR | TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | GIENE 86 24 | 1991 |
|---|---------------|--|--|--|---|--|
| 10240 | 1 0 | REGISTRAR FIRST | MIDDLE | LAST | REG. NO. | AY YEAR 26 HOUR |
| 3 nd | (1 | John John | N | Cain | 9 1 | 1 06 9:50A |
| 1 000 | 3. 5 | ex | 4 RACE black | 5. DATE OF BIRTH MONTH DAY YEAR O 1 04 14 | | FUNDER TYEAR IF UNDER 24 HR |
| orth. Fog end dins 772 hourt | 70 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | | 9. BALTIMORE CITY OR COUNTY | |
| by the fun | 10 | Baltomore | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE LOCK RAVEN | ING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS C INDUSTRY |
| flied in | 130 | UAL RESIDENCE (IF NURSING HOME O . STATE 13b. COU | R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130. CITY OR TO Mark Balnim | WN 13d. INSIDE CITY LIMITS? YES A NO | 13. STREET ADDRESS / ZIP CODE 1420 Northgat | e Rd. 2121 |
| | | FATHER'S NAME John FIRST | | in SR Ulma FIRST | MIDDLE | Hooper |
| on and o | 160 | WAS DECEASED EVER IN U.S., AF | | 6-6331 Willie Ma | ae Cain 1420 N | orthgate Ro |
| sphysics on papers emoval. | | | nly one couse per line for (o), (b), c ED BY: TE CAUSE (o) Cardio - | respiratory arrest | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| hot the death as by the offer and ose remove curb I, cremotion ar | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | Years | | | |
| equires the signed Then ples to burio injury, or | Z | | - Al | DEATH BUT NOT RELATED TO THE TERM | | |
| on. hos beei t permit. rene prior | CERTIFICATION | 19a. DATE OF OPERATION | 196, CONDITION FOR WHIC | CHOPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES | WERE FINDINGS USED YING CAUSES OF DEATH? |
| YSICIAN. The ding physicion is certificate in social-tronsit is Mental Hygier in them 18 show | MEDICAL CER | OR COMMUNICATION CAMER OF DE | ATH HOUR A.M. MONTH R) P.M. | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT I OR PART 2) |
| ING PHY: r offendin fifer this os the bu th ond M orked or | MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | E, FARM, ETC.) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| R ATTENDIR hospitol or IRECTOR: At hed for use ept. of Healt tem 21 is mo | | sow the deceased alive or above, (1) (we) (did) (did no | ot) view the body ofter death. | | deoth occurred on the date and hour | 9 66 , that (I) (we) lo |
| the Dotte Diff. If If If | | 226. SIGNATURE | つ | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 221 DATE SIGNED |
| POR th | | 22d PHYSICIAN'S NAME (14PE | SCHAMP MD | 3900 Loch | , pour Bluck Ba | 16TO-MD 2121 |
| 5 to 5 to 3 ₹ | 230 | BURIAL, CREMATION, REMOVAL | 23b. DATE 236 | . NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| BP DHMH - 16 60M 7/84 | - | Burial FUNERAL DIRECTOR | 9/15/86 ADDRESS | | Owings Mills | s MD |
| (VRA 15, 4) | T | eroy O. Dyett | & Son, Inc | 1600 Liberty Hgt | 5 | |

3 3 5 8 5 - 00

DHMH - 16 60M 7/84 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

Civil

21061

NO T

MDSTATE

D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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| STATE OF MARYLAND | YLAND | RYL | MA | OF | ATE | ST |
|-------------------|-------|-----|----|----|-----|----|
|-------------------|-------|-----|----|----|-----|----|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 8 | Ò | 2 | 4 | 1 | 7 | 3 |
|---|----------|---|---|---|---|---|
| | REG. NO. | | | | | |

| | REGISTRAR | | | | REG. NO. | | |
|---------|---|---|---------------------|-------------------------|---|------------------------|-------------------------|
| | DECEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| | ISABELL | A W. | CAMP | BELL | 9/8/86 | | 2:10fm |
| 1. 5 | SEX | 4. RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| r | F | B | MONTH | DAY YEAR | 86 YE | | HOURS MIN. |
| 7a. | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | INITPV2 R | | BALTIMOPE CITY OF COLL | | |
| | DC | USA | WIDOWE | | BALTIMORE | CITY | М |
| 10. | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | | OF BUSINESS OF |
| | BALTIMORE | NORTH CHA | trues G | EN. HOSP. | Unem played, | 2,4 | |
| | JUAL RESIDENCE (IF NURSING HOME OF 1. STATE 136 COUN | | OR TOWN | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP C | ODE Apt | -, 20r |
| | Md | Be | 140. | YES NO | MIN DRUID HILL | . LAKED | PIVE |
| 14 | FATHER'S NAME | MIDDLE 441 L | AST | 15. MOTHER'S MAIDEN N | AME | 0 " | 4 |
|) | Ned | W_{i} | IKans | Barta | THE OCC | Gar | rison |
| 160 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIA | AL SECURITY NO. | 17 INFORMANT | ADDRESS | | . , |
| | (YES, NO OR UNKNOWN) (IF YES, GIV | 10.0 | 40238 | Samuel | Wilkons 330 | & Win | dsor K |
| - | 18 CAUSE OF DEATH (Enter or | nly one couse per lim out (n) | (h) and ici | | A A | APPRO. BETWEEN | XIMATE INTERVAL |
| | PART I. DEATH WAS CAUSE | D BY. | ····· | intailin | swalt | DE TWICE IS | ONSET AND DEATH |
| | IMMEDIA | TE CAUSE (o) | 1 | 1 - Cours | , 1 | | |
| | | DUE TO, OR | MEQUENCE OF | a Ral | hi lele | e- a | |
| | Conditions, if ony, which gove rise to immediate | (b) 122 | un sie | 7 cursor " | com produ | - | |
| | couse (o), stoting the | DUE TO, OR AS CO | NSEQUENCE OF | - 1/2 | 1 - 1 + | | |
| | underlying couse lost. | (c) Au | u n | yo corone | infaverin | - | |
| 2 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTE | NG TO DEATH BUT | HOT RELATED TO THE TER | MINAL DISTASE OR CONDITION | GIVEN IN PART 1 | 10 |
| CATION | Jenerali | sed sev | ere A | unner | 2 | | |
| CA | IN DATE OF OPERATION | INE CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF | FYES, WERE FINDI | NGS USED S OF DEATH? |
| TIF | | | | | YES NO | YES 🗌 | NO 🗌 |
| CERTI | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MON | ITH DAY VEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM | A 18 PART I OR PART 2) | |
| A | OR CONTRIBUTING CAUSE OF DE. | A111 | 19 | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | | | |
| ME | | AT HOME STREET, FACTORY | COFFICE, FARM ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| | | to the parameter that a discount | 1.1. | 9-4- 1986 | 9-8 | 19.86 | 1 |
| | 220.1 certify that (1) (this haspi | 1 A-A 12 K | 21 (1 | | n death occurred on the date and | | , that (1) (we) lo |
| | obove, (I) (we) (did) (did no | ot view the body ofter death | h. | | in dealth occurred on the date and | | |
| | 22b. SIGNATURE | 1.2.14 | | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE | E SIGNED |
| | 101 | ville | | ATTENDING PHYSICIAN | | 0 | |
| | 22d. PHYSICIAN'S NAME (TYPE C | OR PRINT) | | 12e ADDRESS | +. Reltimer | a mi | |
| | 1540 | WIN | | 15 - 0.11 | · Balliner | t 10. | |
| 230 | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d. LOCATION | | |
| | (SPECIFY) Burial | 9/13/86 | King Memo | rial Park | Randa Tistown | COUNTY | stMd |
| 24 | FUNERAL DIRECTOR | | | 25a. DA | ATE REC'D. BY REGISTRAR 256 RE | GISTRAR'S SIGNA | TURE |
| | 4 155A875 % 3.1 1.1 | 1 10000 111 14 | DDDECC | | ACA 4 4 JAAA | | A CONTRACTOR |

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

March funeral Home West 4300 Wabash Avenue

SEP 1 1 1986

| | - 1 | | 100 | | | | | E OF MARYL | | | n | 1 1 | 3 0 |
|--|------|---------------|--|------------|------------------------|-----------------------|-------------|-----------------|---------------------|-------------------------|-----------------|-------------------|---|
| _ 17115 | | 1. | FOR STATE REGISTRAR | | | DEPART | | ICATE OF D | MENTAL HYG DEATH | 0 0 | 1 | 4 | 1 7 |
| 11443 | | 1. DE | CEASED NAME | FIRST | , | MIDDLE | | AST | | REG. | | DAY YEAR | 26 HOUR |
| o e o o | | (TYPE | OR PRINT) | hirde | V | L. | Campl | nell | | Senter | nber 4. | 1986 | 1,30 |
| noy be poge 3 | | 3. SE | | | 4. RACE | | 5. DATE | OF BIRTH | | 6. AGE (IN YEARS LAST | | IF UNDER I YEAR | IF UNDER 24 H |
| ctor, | | COMPANDA . | Female | | R | lack | MONT | 25 | 1936 | 50 | YRS | MONTHS DAYS | HOURS M |
| Pog dire | 3 | | RTHPLACE (STATE OR FO | REIGN | | WHAT COUNTRY | ? 8. | 7 | | 9 BALTIMORE CITY | | OFDEATH | |
| n 72 n 72 tone | 3/ | | COUNTRY) Md | | USA | | WIDOW | D NEVER A | VORCED X | Baltimon | re City | v. | |
| er de within | 么 | 10 C | ITY OR TOWN OF DEAT | Н | | HOSPITAL, NURS | NG HOME | | | 120 USUAL OCCUPA | TION | 126. KIND (| OF BUSINESS |
| by th | 6 | E | Baltimore | | | N. Bent | | Street | | TITPE OF WORK FOR MOS | OF WORKING TH | Penny | J. C. |
| d in be f | 100 | .USU. | AL RESIDENCE (IF NURSIN | 36 COUN | OTHER INSTITUTION | 136. CITY OR TO | | 113d INSIDE C | ITY HAUTS? | 13e.STREET ADDRESS | / 7IP CODE | | |
| / 是一 | 1 | | Md | - | | Baltimore | | YES 🖔 | NO 🗌 | 2008 N. Be | ntalou S | Street 2 | 21216 |
| (海) 201 | 1007 | | THER'S NAME | 65 | WIDDIE | O LAST T | 1 | | S MAIDEN NAM | WE | | 1.00 14 | ist. |
| 1 | 1 | | Richaffd | | | Campbe1 | 1 | Louise | | | 50 II | Lee " | 501 |
| 7 7 7 | , | | VAS DECEASED EVER IN | | MED FORCES? | 166 SOCIAL SEC | | 17 INFORMA | | | RESS | | |
| Page | / | | YES, NO OR UNKNOWN) | 1 | | 216-34-80 | 55 | Theresa | Gray 200 | 08 N. Bentalo | u Street | | |
| ote rsicio persol. vol. | / | | 18 CAUSE OF DEATH | (Enter or | ly one cause per | line for (a), (b) a | nd (c).) | 0 | | | 741 | | XIMATE INTERVAL |
| phy phy on po emo | 8.3 | | PART I. DEATH WA | | ID BY: TE CAUSE (a) | 4 | elastal | u B | acres Le | erce | | 4 M | ONTA |
| ding or re | | | | | DUE TO O | DAS A CONSECU | IENCE OF | | | | | | |
| death ottendi ove co- fion, o- | | | Conditions, if ony, which gave rise to immediate | | | | | | | 17 M | UNTL | | |
| he o he o mot | | | | ediate | 0,0 | DAS A CONSTO | IENICEOE | | | | | | |
| by t | | | underlying cause | lost. | DUE 10, 0 | R AS A CONSEO | JENCEOF | | | | | 3 3 3 3 3 | |
| 2 24 2 3 | | 13 | PART 2 OTHER SIGNI | FICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CO | NDITION GIV | /FN IN PART I | (0) |
| The party of the p | | S | | | | | | | | | | | |
| 1 1100 | 6 | CERTIFICATION | 190 DATE OF OPERATION | ON | 196 CONDI | ITION FOR WHIC | H OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? | 20b. IF YES | S, WERE FIND | NGS USED |
| A Contract of the contract of | 7 | TIFK | | | 1 | | | | | YES NO | | YING CAUSES | NO |
| 70 100 | - | CER | 21a. ACCIDENT WAS UNDE | RLYING [| | | | 21c HOW IN | JURY OCCURR | RED (ENTER NATURE OF IN | JURY IN ITEM 18 | PART I OR PART 2) | |
| 22 121 1 | 6 | | OR CONTRIBUTING CA | | NIII | M. MONTH I | DAY YEAR | | | | | | |
| den in a | / | MEDICAL | 21d. INJURY OCCURRE | | 21e PLACE | OF INJURY | | 211 LOCATIO | NC | | | 600000 | |
| Sed at the sed | 1 | X | WHILE NOT WHILE | E 🔲 | (AT HOME, STE | REET, FACTORY, OFFICE | FARM, ETC) | STREET | | CITY OR | OWN | COUNTY | STATE |
| A DIN | | 13 | 220 I certify that (I) (| | ital) attended th | e deceosed from | 3/ | 14 | 19 85 | 10 9/9 | | 19/8 | thot (I) (#e) |
| A 1 6 3 1 2 | | 10 | saw the deceased | d alive on | 8/1 | 14 19 | 18,0 | nd that in (my) | (our) apinion a | death accurred on the | date and hou | or and from the | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| A A A A A A A A A A A A A A A A A A A | | | abave, (I) (we) (dia 22b, SIGNATURE | d) (did no | it) view the bady | after death. | | DEGREE | | | | 22c DATE | E SIGNED, |
| Y the Y the RAL D detoc ore Du | | | holy | Non | | | M. | | ATTENDING | | AFF | 1/1 | 11/1 |
| by the ERAL ERAL State | - | | 22d. PHYSICIAN'S NA | ME (TYPE C | OR PRINT) | | | 22e ADDRES | | DIRECTOR PHYS | ICIAN [] | 1// | (1) |
| O HOSPITAL of House by the TO FUNERAL should be detained the State with the State | | | | | PURTE | 1. | | | 490 | 10 EATTERY | AVE | и | |
| TO HOSPITA retoined by 1 TO FUNERAl should be de with the Stat | - | 0.0 | MILYAR | | V | | | | | inin Md | レノレト | 1 | |
| | | | BURIAL, CREMATION, R | EMOVAL | | | | EMETERY OR | | 23d. LOCATION Baltimor | | COUNTY | STASE |
| BP | | | Burial | | 9/8/86 | Ne | w cathe | dral Ceme | | | | | Mď |
| DHMH - 16 60M 7/ | B4 | | UNERAL DIRECTOR | 7 11 | | ADDRESS | 1 0 | | 750. DATI | REC'D. BY REGISTRA | R 256 REGIST | RAR 9 SIGNA | Marian |
| (VRA 15, 4) | | | larch Funer | al Ho | omes 43 | ou Wabas | in Ave | nue | 155 | P 9 1986 | 1 | 4 | |

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Tremstand ______best __

ANGRES CONTRACTOR

| | | 1 | | | STAT | E OF MARYLAND | | | |
|---|---|---------------|--|---|-------------------------------|---|--------------------------|------------------|---|
| 00 . | | 1. | FOR STATE | DEP | | LEALTH AND MENTAL HY | GIENE 8 6 | 2 | 4 9 9 9 |
| 00-18 | 1425 | | REGISTRAR | | | ICATE OF DEATH | REG. N | 0. | |
| 41 6 | 2 - | | CEASED NAME FIRST | MIDDLE | 2. 0. | AST | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR |
| 4 6 | er deat | | WILLIAM | 1 | CIPE | EV | | 1 2 | 6 PAM |
| 2 | - - | 3. SE | × | 1 RACE | 5. DATE (| DE BIRTH DAY WEAR | 6 AGE (IN YEARS LAST BIR | THDAY} IF UNI | DER TYEAR IF UNDER 24 HRS |
| 9 | o sun | | O | 151 ack | 2 | 4 34 | 5 6 | YRS | |
| 4 10 10 10 10 10 10 10 10 10 10 10 10 10 | P. 20 | | COUNTRY | TE CITIZEN OF WHAT COUN | ITRY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF D | EATH |
| deot | To Lo | | Delaware | 1 64 | WIDOWI | DIVORCED | BALTIMORE | | MD. |
| ofter. | | 10 8 | ITY OR TOWN OF DEATH | 1) NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | URSING HOME (STREET ADDRESS) | Laven Blub | (TYPE OF WORK FOR MOST O | | L KIND OF BUSINESS OR NOUSTRY |
| (B) | Sid be | 13a. | AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT | | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | 20155 |
| | 2 50 | 39 F. | ATHER'S NAME | / | | 15 MOTHER'S MAIDEN NA | ME | | |
| MAI P | Du O | | William | CAG | | ELSIE | MIDDLE | CAL | LAHAN |
| RE. | dicol | | WAS DECEASED EVER IN U.S. ARA | | SECURITY NO. | 17 INFORMANT | ADDRE | | |
| N e ex | Pog | | Yes Kore | | 8-8513 | PERSONA | L RECORD | 5 | |
| BALT ote t | The second | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | y one couse per line for (a), () | ot, and ici.y | 4 | + | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ST., strate | even even | | | CAUSE (a) | Ey Ims | OPP AY | res1 | | OA1,-1 |
| NO 4th | corb , or , | | THE PERSON | DUE TO, OR AS A CONS | EQUENCE OF | G. C. | (1) | 11 | - 11. |
| REST den | otion | | Canditians, if any, which gave rise to immediate | (b) Mot a 5-to | to Hip | acarcinoma. | at the | even | 3 Nico, This |
| W. P | crem ther | | cause (a), stating the underlying cause lost | DUE TO, OR AS A CONS | EQUENCE OF | | | | |
| s the | or o | | | ((c) | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAINOR PHYSICIAN. The low requires that the death certificate be executed voiteding physician by the other diagonal physician and complete the children by the other diagonal complete. | hen | Z | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING | S TO DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CON | DITION GIVEN IN | PART IIo |
| COR | prior I | ₹ F | 190 DATE OF OPERATION | 19b. CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 120h. IF YES. WE | RE FINDINGS USED |
| it RE | berr berr berr berr berr berr berr berr | CERTIFICATION | | | | | YES T NOT | IN CERTIFYING | CAUSES OF DEATH? |
| ATIA TE THE | Hygish sho | W W | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 216 HOW INJURY OCCUR | | | |
| OF O | Mental Hy | | OR CONTRIBUTING CAUSE OF DEAT | | DAY YEAR | | | | |
| NOI HYS | _ 0 | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | CITY OF TO | WNI C | COUNTY STATE |
| IVIS Of the other | h ond | 2 | AT WORK NOT WHILE | (AT HOME STREET, FACTORY, OF | FFICE, FARM, ETC.) | JACCI | CITYONTO | | STATE |
| NON S | Leoit leoit is mo | | 220.1 certify that (I) (this haspite saw the deceased alive an | all attended the deceased for | om Sept | 2 19.86 | , toSept 2 | | 86 , that (X (we) last |
| ATTE | 1 of 1 of 1 of 1 of 1 | | abave, (水(we) (did) (本数数 | view the body after death | 19_00, at | nd that in (my) (our) opinian | death accurred on the do | ite and hour and | fram the causes stated |
| o by a | Dept H | | 226. SIGNATURE | 11 | | DEGREE ATTENDING | MEDICAL STAT | | 221. DATE SIGNED |
| ITAL by th | Z det | | Mari | Dra | n, | PHYSICIAN [| MEDICAL STAF | IANE | 7148 7 |
| HOSPITAL | the SRTA | | 77d. PHYSICIAN'S NAME ITYPE OR | B Karr | | 39007 Loch Ra | avon Rlud F | 2altimor | e Md 21218 |
| D H | | 00 | JACUA!+ | | 40 | | 173 | Jarcimore | - 110 21210 |
| 20 | | 730. | BURIAL, CREMATION, REMOVAL | 236 DATE 9/5/61 | | EMETERY OR CREMATORY | 23d LOCATION |) (00 | INTY |
| BP | | | UNERAL DIRECTOR | 1/3/86 | V.H. C | METERY | HURLOC | K DORCH | lester Md. |
| | 16 60M 7/B4 A 15, 4) | | J. Harrey 1/1/11 | IAMICAN TON | ess dela | in The SE | L.I.O. BOOK | James Michel | or had Carried and |

1391 A Except Sheet

The state of the state of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-9-26 Frances ELIZABETH Carr 1986 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 8:53 E FUNERAL DIREC DAY LAST BIRTHDAY PRONOUNCED FEMALE BLACK 01 1925 DEAD 9-26 1986 a. M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) S. N. CAROLINA WIDOWED DIVORCED X Baltimore City. O THE FL PAGE 5 E FILED, 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION M 3. RETAIN PA 2 SHOULD BE FITAL REGORDS, Baltimore Liberty Medical Center RECREATION LEADER BALTO. PUBLIC ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 2714 N. Longwood St. 3a. STATE 13d INSIDE CITY LIMITS? 13c CITY OR TOWN MARYLAND Baltimore, Maryland 21216 BALTIMORE NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM WITH FORM PM IT. PAGES AND DIVISION OF VITE MIDDLE LAST FIRST LAST FIRST TROGGIE BIGELOW SALLIE HARVEY 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 521754th St. N. E. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO. 372-24-9373 KATHLEEN WILLIAMSON Wash. D. C. 20011 ALONG WI 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AS A BURIAL - TRANSIT PERMIT ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IO ED AS A (CERTIFICATION **USED AS** 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. THE CHIEF 20 AUTOPSY? AL. FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE I THE STATE DEPARTMENT OF AND, 21201 PRIGR TO BURIA YES NOXX 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION A SHOULD BE FURVINGE 3 S NERAL DIRECTOR: PAGE 3 S NEATH, WITH THE STATE DE AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY Inspection XX 22a. I certify that I took charge of the remains described alrave, held an Autopsy death resulted from Natural causes Suicide Undetermined manner Accident Hamicide TITLE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUI
TO FUNERAL D.
AFTER DEATH, P.
BAUTIMORE, M. DATE 9-26-86 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 10/04/1986 SWEET GUM GROVE CEM. CASWELL CO., N. CAROLINA 07/84 25M 24 NUTTER & SONS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAP'S SIGN DHMH - 17 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VR A15 ME (5))

272-28-9173 M TELE LILL B W AND B C 2011

ATTO STATE PLANTAL HOME, INC.

| | | | | | | | | | | OF MARYLAND | 0 4 0 | 1/2 | 5 /5 1 |
|-------------------|----|------------------|----------------------------------|-------------|---------------|--|------------------------|------------------|-------------------|------------------------------|--|-----------------|-----------------------------------|
| 00 | _ | 7 | 1. 2 | 0 | 1- | FOR STATE | | DEP | | EALTH AND MENTAL HY | | . 3 | 3 0 1 |
| 3 0 | 4 | 1 | 4 3 | 3 | 1 05 | REGISTRAR FASED NAME FIRST | | IDDLE | | AST | REG. NO. | AY YEAR | 126 HOUR |
| | | φ (| υ ŧ | | | OR PRINT) | | NDOCE . | | | 9/4/86 | | 10 A |
| | | d ya | death | | 3. SEX | Josephin | e Carri | | 5. DATE C | E DIDTU | | F LINDER 1 YEAR | IF UNDER 24 HRS |
| | | 4 E | ofter ofter | | | emale | Cauc. | | | 10/06 YEAR | 80 | ONTHS DAYS | HOURS MIN. |
| 4 | | 900 | ours | 0 | | RTHPLACE ISTATE OR FOREIGN | 76. CITIZEN OF V | | | 10/00 | 9 BALTIMORE CITY OR COUNTY | DE DEATH | |
| | | € . | 72 h | and and | | razil | USA | VHAT COON | MARRIE | NEVER MARRIED | 2 11 1 | | |
| | | deo | thin | P - | | TY OR TOWN OF DEATH | | OSPITAL NU | JRSING HOME C | D DIVORCED DIVORCED | 12g. USUAL OCCUPATION | | OF BUSINESS OR |
| - 1 | 4. | offe. | od w | 事 | | | HE NOT IN SUCH | FACILITY, GIVE S | STREET ADDRESS) | | (TYPE OF WORK FOR MOST OF WORKING LIFE HOusewife | INDUSTRY | |
| 120 | 1 | SUCS | e 5 | e - Comment | USU. | alto. AL RESIDENCE (IF NURSING HOME O TATE 136 COU | R OTHER INSTITUTION. | GIVE RESIDENCE | cins Ho | | | | - |
| 4D 2 | | 24 h | old b | nost | | | NTY | 13c CITY OR Balt | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 712 N. Linwoo | nd Ave | 21205 |
| LA | - | ui. | ≥ ds | e e | | d. THER'S NAME | | | | 15. MOTHER'S MAIDEN N | AME | | |
| AAR | | M | 1 | | _ E | ugene DiNisi | MIDDLE | LAST | | Louise I |)iCarlo | LAS | ıī |
| Œ, A | | 10 | 10 | 8.0 | 16a V | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDRESS | | |
| MO | | | 6.0 | 1/ | | (IF YES G | IVE WAR OR DATES) | 215-1 | 18-9459 | Louise Y | Young, 5619 Poine | er Dr | . 21214 |
| ALTI | | te b | oers. | the | | 18. CAUSE OF DEATH (Enter o | nly one cause per | | | , | 1 | | IMATE INTERVAL ONSET AND DEATH |
| 2 | | o i i | physic npope movof. | vent, | | PART I. DE ATH WAS CAUS | ED BY: TE CAUSE (a) | Van. | /Ialy | arrhy | Mmia | | ands |
| N | | Cer | ding or re | ofic e | | WWW. | | AS A PONS | EOUENCE OF | 1 1 | | | |
| STO | | deo | ion, | nno | | Conditions, if any, which | ((b)_ | | /ona | heart | disessi | | 1-1- |
| PR | | the c | remo | er fre | | gove rise to immediate cause (a), stating the | DUE TO, OF | AS A CONS | EOUENCE OF | | | 4 | |
| 3 | | hot | by sose of, cr | roth | | underlying couse last. | (c) | | | | | | |
| 5, 20 | | air es | an ple buric | ٥٠,٧٠ | 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS | NTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TE | rminal disease or condition give | N IN PART 1 | 0. |
| RECORDS | | red | t. The | in X | CERTIFICATION | | The course | | LUCU OBERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDIN | ACC HEED |
| REC | | 3 | permi | SOM | FICA | 19a DATE OF OPERATION | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORMED | IN CERTIFY | ING CAUSES | OF DEATH? |
| TAL | | The | Sit gie | sho - | ERTI | 21g. ACCIDENT WAS UNDERLYING | 216. TIME O | FINJURY | | Tale HOW INJURY OCCU | JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA | | ио 🗌 |
| F V | | Phys | I-tran | B 18 | | OR CONTRIBUTING CAUSE OF DE | HOUR A. | M. MONTH | DAY YEAR | THE TION INSORT OCCU | SAMED (ENTER MATORE OF MAJORE MATIEM TO FE | MIT OK PART 2) | |
| O Z | н | YSIC | s certifi buriol-ti Mentol | The The | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | P./ | | 19 | 21f LOCATION | | | |
| DIVISION OF VITAL | | PHYS trending | the t | 9 | WE | WHILE NOT WHILE AT WORK | | | FFICE, FARM ETC) | STREET | / cm on your | COUNTY | STATE |
| ā | | N o | Afte os | mort | | 22a 1 certify that (I) (this hosp | utal) attended the | deceased for | rom 1 | 3/23 10 / | 4 10 9/4 | . 16 | that (I) (we) lost |
| -5 | | Z a | or us | - 22 | | saw the deceased alive a | 0/14 | | | nd that in (my) (our) apinic | or death accurred ag the date and have | | |
| | | OR ATT | REC ned f | E | | obove, (1) (we) (did) (did n | of) view tife body | after death. | , | DEGREE | / | 22c. DATE | SIGNED |
| | 7 | 0 0 | etocl | = | | (In | ~ | / | m | ATTENDING PHYSICIAN | | | |
| | | by by | FUNERAL uld be dete | Z | | 27E PHYSICHER S NAME (TYPE | OR PRINT) | | | 22e ADDRESS | * | | |
| | | - 12 | | POR | 1 | Dennis W. N | MacDona | ld. M | D | 9 S. Hic | ghland Avenue, | Balto | .,Md. |
| | | of of | of sta | ₹ - | | BURIAL, CREMATION, REMOVA | | | | EMETERY OR CREMATOR | Y 1234 LOCATION | | |
| | | BP_ | | | | Burial | 9/8/ | 86 | Holy ! | Redeemer | Balto., Md. | COUNTY | STATE |
| | | HMH. | 16 60N | 7/84 | 24 F | NERAL DIRECTOR Fur | | | | 250. D | ATE REC'D. BY REGISTRAR 256. REGISTE | RAR'S SIGNAT | URE |
| | | | A 15, 4 | | | 3331 Brehms | | | | 21213 | SEP 9 1986 | | |

| 0-1 | 0100 | 1 | FOR item 17-1 STATE 9-26-86 | filmG 619 | DEPARTA | CERTIF | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | REG. N | 2 : | 5002 |
|---|--|--|---|----------------------|---|------------------|--|--|---------------------------|-------------------------------------|
| 10 1 | 0100 | | CEASED NAME FIRST E OR PRINT) Willia | m | MIDDLE | | AST CONTRACTOR | 20 DATE OF DEATH | MONTH DAY | YEAR 2b. HOUR |
| Ī | 000 | 3. SE | | 4 RACE | Α. | 5. DATE (| rrington DE BIRTH | 6. AGE (IN YEARS LAST BIR | 9 11 1 THDAY) IF UND | DER I YEAR IF UNDER 24 HRS |
| * 5 | n offer | | male | bla | ack | MONT! | 11 1927 | 59 | YRS. | DAYS HOURS MIN. |
| 0 | - 83 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Va | 16 CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOWI | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O Baltimore ci | | EATH MD. |
| 94 | 42 | | Baltimore | (IF NOT IN SU Sir | nai Hospital | ADDRESS) | DR OTHER INSTITUTION | (TYPE OF WORK FOR MOST C Retired | F WORKING LIFE) IN | KIND OF BUSINESS OR DUSTRY Lever Co |
| AND 217 | and bound be | 130. | AL RESIDENCE (IF NURSING HOME STATE 13b. CO | | 13c. CITY OR TOW Baltimore | N | 13d. INSIDE CITY LIMITS? | 3708 Campf | | 21207 |
| MARYL 46 with | 1030 | 14. F | ATHER'S NAME FIRST | WIDDIE | LAST | | Elvira FIRST | WE | | LAST |
| IMORE, | 2 | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADD CAR YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227-34-7201 Shirley Carrington 3708 Carrington | | | | | ipfield | Huge 5 | | |
| United that the death cer | ugned by the attending we please smore carbo o buriol, stemation, acre wy, or other traumatics | N. | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | (b) DUE TO, C | OR AS A CONSEQUE | NCE OF | Renal fai Hyper ter 11 | 'Lung, 'K | DITION GIVEN IN | PART Ito |
| At RECORI | Semi Property of | CERTIFICATION | 190 DATE OF OPERATION | 196. CONE | DITION FOR WHICH | OPERATIC | N WAS PERFORMED | 200 AUTOPSY? | | RE FINDINGS USED CAUSES OF DEATH? |
| DIVISION OF VITAL NG PHYSICIAN The otherding physical | the this certification on the buriof from the and Mental Hygory and Alem 18 at the control of th | MEDICAL CE | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED NOT WHILE AT WORK | DEATH HOUR A | OF INJURY A.M. MONTH DA A.M. OF INJURY TREET, FACTORY, OFFICE, F. | 19 | 216 HOW INJURY OCCURR 216 LOCATION STREET | RED (ENTER NATURE OF INJU | | OUNTY STATE |
| ATTENDS | RECTOR A and for une- pit, of Health em 21 is mo | | 220 I certify that (I) (this has the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE | an | 19 | | nd that in (my) (aur) apinian a | death occurred an the de | | fram the causes stated |
| HOSPITAL OF | FUNERAL DI rithe Stute Do | - | 22d. PHYSICIAN'S NAME (179) | E OR PRINT) | V () ER | 5 | | MEDICAL STAL DIRECTOR PHYSIC | FF CIAN [| 11-11- may |
| D S BP. | 04 * M | | BURIAL, CREMATION, REMOVE (SPECIFY) Burial | 23b DATE 9/17/8 | 23c N | | EMETERY OR CREMATORY Demorial Park | 23d. LOCATION CITY OR TOWN Arbutus | COUR | |
| DHMH | - 16 60M 7/84 | 24 F | UNERAL DIRECTOR Marich Funeral Hon | ne West 430 | Mahashesav | enue | 25a. DAT | E REC'D. BY REGISTRAR | 256 REGISTRAR'S | SIGNATURE |

District annual

| | | | FOR | | | DEPAR | | | ARYLAND AND MENT | AL HYGIEN | NE) Z | () | 100 | 3 0 | 2 |
|----------------------------|--|---------------|--------------------|---------------------|-----------------------------|-----------------|------------------------|---------------|----------------------|----------------|---------------------|-----------------|----------------|-------------|----------------|
| 00- | 19279 | | STATE REGISTRAR | | | | LEXAMIN | | | E OF DE | O C | REG. NO. | 3 |) 0 | 3 |
| 0 0 | 102.0 | | CEASED NAME | FIRST | | WIDDLE | | | LAST | - 330 | 20. DATE KNO | OWN X " | MONTH DAY | YEAR | 26 HOUR |
| | S NEGSSARY, PLEASE F EUNERAL DIRECTOR. E. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, | | | Edwa | rd | Jacksor | 1 | Ca | rter | | DEATH MA | ATED - | 9-26 | 1986 | 1 |
| | PLEASE ECTOR. FILES. HOURS | 3. SEX | | 4 RACE | 5. DATE OF BIR | RTH DAY YEAR | 6 AGE (IN Y | | | NDER 24 HRS. | 2c. DATE | | ONTH DAY | YEAR | 2d HOUI |
| | DOUR ON S | 100 | male | black | | 9 1919 | 67 | RS. | DATS | K2 WIN | DEAD | | 9-26 | 1986 | 9:20 a.A |
| | A SESSA | 70 B | RTHPLACE (ST | ATE OR | 76. CITIZEN OI | WHAT COL | JNTRY? | 8. MARRI | ED X NEVER M | AARRIED [| 9 BALTIMORI | CITY OR C | OUNTY OF | DEATH | |
| | NECESSARY, S. FOR YOUR S. FOR YOUR WITHIN 72 N. PRESTON | | REIGN COUNTRY) | T. T. T. | USA | 1.37 | | WIDOW | | ORCED | | more (| | 100 | ME |
| ·IH | SEED HELD | 10 CI | TY OR TOWN | OF DEATH | | | URSING HOM | E, OR OTH | ER INSTITUTION | FOR | UAL OCCUPAT | | WORK 12b K | Sty OF BU | |
| 111 | SS. SE F | | Baltimon | | | | eneral : | | tal | Re | tired | | FU | St UII | ice |
| 21201 | H. IF ANY DELAY IS N 1, 2, AND 3 TO THE FU M. 3. RETAIN PAGE 5 7, 3 SHOULD BE FILED. TAL RECORDS, 201 W | | TATE | 136 COUI | OR OTHER INSTITUTIONTY | 113c CI | TY OR TOWN | (NOI) | 13d. INSIDE CITY LIM | ITS? 13e STE | REET ADDRESS | Apt_108 | 3 A | | |
| | A S S S | | M | | | Ba11 | timore | | | | 601 Madis | on Aven | iue 2121 | / | |
| W. | TH. II | 14. F/ | THER'S NAME | | MIDDLE | | LAST | . 36 | 15. MOTHER'S A | | E | Ē | | LAST | |
| ORE | O N P S S S S S S S S S S S S S S S S S S | 1/ 1 | Robert | S EVER WILLS A | L. | | Carter Ocial Securi | 7/1/0 | Gertruc | | | DDRESS | Wilk | ins | |
| BALTIMORE | URS AFTER DEATH B. GIVE PAGES 1, WITH FORW PM IT. PAGES 1 AND 2, DIVISION OF WITH | 166. V | ES, NO, OR UNKNO | | E WAR OR DATES) | | | IY NO. | | | | | A . D | | |
| BAI | S AFTI GIVE ITH F PAGE | | Yes | [WW] | | _ | -18-5487 | | JoAnn Ha | 11 15/0 | POLOMAC | Heigh | nts Driv | APPROXIMATE | |
| ST., | 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D | | PARTIDE | | nly one cause per ED BY: | | | atia (| Javali arra | | Diana | | BET | IWEEN ONSE | T AND DEATH |
| NO | IIN 24 HOU IN ITEM II ? ALONG ISIT PERMI! HYGIENE, MOVAL. | | | IMMEDIA | ATE CAUSE (a) | | OSCIEL. | | Largiova | iscular | Diseas | е | | | |
| PRESTON ST | A PENCIL IN I CAMINER AL CAMINER AL TRANSIT I MENTAL HYCOLO V, OR REMON | | Canditian | is, if any, which | | , OR AS A CC | DIAGEODEIACE | Or | | | | | | | |
| | AND TRAINE | | | e to immediate | | OP AS A CO | ONSEQUENCE | 05 | | | | | | | |
| 201 W. | UTED WITH IN PENCIL EXAMINE RIAL - TRAP D MENTAL ON, OR RI | | lying cau | | | OK AS A CC | SINSEGOEINCE | OI . | | | | | 30-10 | | |
| | UID BE EXECUTED WITHIN 24 F. "PENDING" IN PENCIL IN ITEA FF MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIT FER HEALTH AND MENTAL HYGEIF AL, CREMATION, OR REMOVAL | | PART 2 OTHER SH | SHIFTCANT CONDITION | (c) S CONTRIBUTING TO O | EATH BUT NOT RE | ELATED TO THE TER | MINAL DISEASE | OR CONDITION GIVE | VIN PART 1 in | | | | | |
| DIVISION OF VITAL RECORDS, | BE EVILLE | NO. | | | | | | | | | | | | | |
| 80 | HEA A | TY | 19s. DATE OF | OPERATION | 19b. CO | NDITION FO | R WHICH OPE | RATION W | AS PERFORMED? |) | | 115 | 20 | AUTOPSY: | ? |
| IIA | OSE SE S | TEX | | | | | | | | | | | | YES X | NO [|
| OF. | AFE WENTE | CERTIFICATION | | L CAUSE WAS | | E OF INJURY | H DAY YEA | R 21c HC | W INJURY OCC | URRED LENTER | NATURE OF INJURY | IN ITEM 18 PART | 1 OR PART 2) | | |
| ON | SARA OLIVERANDE | CAL | | NG CAUSE OF | DEATH | P.M. | 19 | | | | | | | | |
| VISI | 3 SED DEP | MEDICAL | 21d. INJURY C | | STREET | CE OF INJUI | RY (AT HOME, | | TREET | | CITY OR TOWN | | COUNTY | 3 | STATE |
| ۵ | WHER: THIS CERTIFICATE SHOULD BE EXECT FICATE, WRITING THE WORD, "PENDING". TO FIVE CHIEF MEDICAL I TO THE CHIEF MEDICAL I THE YEAGE 3 SHOULD BE USED AS A HITHE STATE DEPARTMENT OF HEALTH ANN THE STATE DEPARTMENT OF HEALTH ANN TAND, 21201 PRIOR TO BURIAL, CREMATIC | - | AT WORK | AT WORK | | | | | | | | | | | |
| | TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIMORE, MARYLAND, 2 | 1879 | 22a. I certif | y that I took chai | rge of the remains | described a | baye, held an | Autops | y , Insp | ection XX | Inquiry | , and in | т ту арніал | | |
| | MINING BENEVILLE | | death resulte | d fom: Not | ural causes X | Accide | / D., s | uicide | Hamicide | Unde | termined manne | er , | | | |
| | DIR WITH | | ACTUAL / | 100 | 10 | 10x1 | 17. | 1 | TITLE (SPECIF | | | | | | |
| | ZESZE. | | SIGNATURE_ | Elle | wo] | YI | 4/1/ | 144 | Assist | ant_med | DICAL EXAMINE | R | DATE SIGNED | 9-26- | 86 |
| | MOINE A S | à | EXAMINER'S | NAME DO | unia D | Consulate | Ju D | | 11 | 1 Donn | C+ D | 10140 | 5M | 2120 | 17 |
| | XEC | 42. P | (TYPE OR PRIN | | nnis F. | | | | | | St., B | arto. | , Md. | 2120 |) T |
| | | 230.B | Buri | TION, REMOVAL | 10/1/86 | | Church C | | | | ocation ittleton | | COUNTY | | ATE NO. I INC. |
| 07/84 25M | BP | 24 F | UNERAL DIREC | | 10/1/00 | 200 | Original C | ancul, | | | Y REGISTRAR 7 | 56. REGISTR | | rth Ca | OTTIC |
| | DHMH 17 (VR A15 ME (5)) | Mar | ch Funer | al Home We | est 4300 W | abash Av | venue | | | | | | | | |
| | (-11) | | | | | | | | | SEPPO | 1000 | | 130 | teide las | |

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STATE OF MARYLAND

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Salary Strains

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2 5 U

| | | CEASED NAME FIRST | MIDDL | LE . | LAST | | 20 DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR | | |
|----|---------------|---|---------------------|---|----------------------------|-----------------------------------|---------------------------------|------------------------------------|---------------------------|-----------------------------|--|--|
| | (TYPE | A TOTAL Joh | n | | Casey | | 8-30-86 | | | 10:30 | | |
| | 3. SE | x | 4 RACE | 5.0 | ATE OF BIRTH | | 6 AGE IN YEARS LAST BIR | INDAY) IF | F UNDER I YEAR | IF UNDER 24 HRS | | |
| 7 | 7 | Male | Black | | 6-12-20 | YE AR | 66 | | ONTHS DAYS | HOURS MIN. | | |
| 2 | | RTHPLACE (STATE OR FOREIGN COSTRY) Carolina | 76 CITIZEN OF WHA | MA | ARRIED NEVER | MARRIED | Baltimore City o | R COUNTY C | OF DEATH | MD. | | |
| 7. | | ERRY POINT, MD | (IF NOT IN SUCH FAC | PITAL, NURSING HO CILITY, GIVE STREET ADDRES ICAL CENTE | (S) | TITUTION | usual occupati | ON F WORKING LIFE) | 126 KIND O INDUSTRY | OF BUSINESS OR | | |
| 7 | 13a S | AL RESIDENCE (IF NURSING HOME OR ST ME. 136 COUN | | RESIDENCE BEFORE ADMIS | 13d. INSIDE C | ITY LIMITS? | 571 Presst | marf ^o st | .21 | 21/ | | |
| Y | 14 FA | ATHER'S NAME FIRST UNKNOWN | MIDDLE | LAST | 15. MOTHER | S MAIDEN NAM | unknöwh | nöwh | | | | |
| / | | vas deceased ever in u.s. ar | EMER PERSES | SOCIAL SECURITY N | Anita | Fields | 571 P | resstm | an St. | | | |
| | 7 | Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C | (b) | A CONSEQUENCE | OF |) TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 110 | 0 | | |
| 9 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION | N FOR WHICH OPER | ATION WAS PERFO | DRMED | 200 AUTOPSY? | 20b. IF YES, IN CERTIFYI YES | WERE FINDIN ING CAUSES | NGS USED OF DEATH? | | |
| 9 | | 2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | in | JURY MONTH DAY Y | EAR 21c HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJUI | RY IN ITEM 18 PAR | RT I OR PART 2) | | | |
| 1 | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF II | NJURY FACTORY, OFFICE, FARM, ET | 21f LOCATION STREE | | CITY OR TO | wh | COUNTY | STATE | | |
| 9 | 1 4 | 22a I certify that (1) (this haspi | al) attended the de | ceased Iram 7- | 3-86 XXand that in (my) | , 19 <u>86</u> (aur) apinion o | | | | thaXXXXXXI causes stated | | |
| 14 | | 226. SIGNATURE | and | | DEGREE | ATTENDING PHYSICIAN | MEDICAL STAR DIRECTOR PHYSIC | F | 22c. DATE | | | |
| 1 | GI | ENDON RAYSON | f.D. | | 22e ADDRES | | RRY POINT M | D., | | | | |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 9-8-86 | | of CEMETERY OR ison Vet. | CREMATORY | 236 LOCATION CITY OF TOWN B | | COUNTY | Md. STATE | | |
| | 24 FL | UNERAL DIRECTOR | | | | ZSg. DATE | REC'D. BY REGISTRAR | | AR'S SIGN AF | 1100- | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

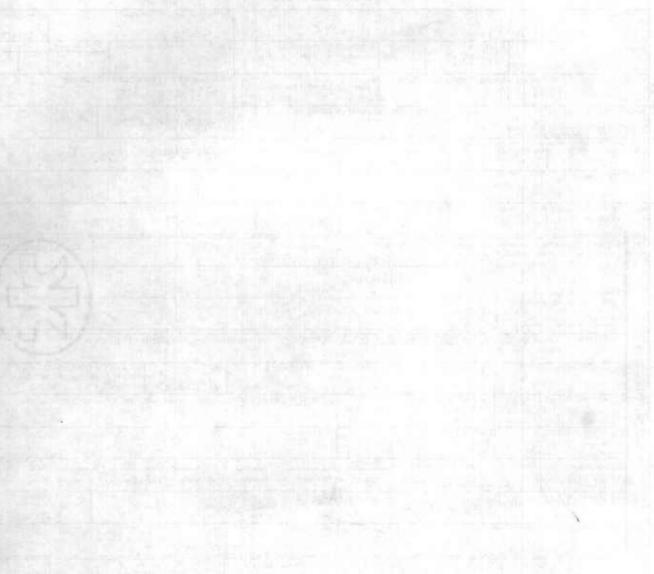
TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transist permit, with the State Dept of Health and Mental Hygiene prior

ENDING PHYSICIAN. The low

WILLIAM C BROWN

BALTIMORE MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



| | 1. | FOR | | DEP | | E OF MARYLAND EALTH AND MENTAL HYO | SIENE B 6 | 2 5 | 001 |
|--|---------------|--|---|---|-----------------------------------|---------------------------------------|---|------------------------------------|--|
| 1-17578 | 1. |) Em | | | | | | | |
| nay be page 3 | | CEASED NAME FIRST | | MIDDLE | Ca | STOR | | MONTH DAY Y | 26 HOUR 96 9, 36 A |
| ctor. pog | 3 SE | x Temale | A RACE Blan | t | S. DATE C | DAY 18 OF | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER | 1.70 |
| 123 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF | WHAT COUN | TRY? 8 MARRIE WIDOWE | D NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY OF DEA | TH |
| 村村的 | Pal | Timore MD. | Libert | HOSPITAL, NU MEACILITY, GIVES WML | IRSING HOME C | or other institution | 120 USUAL OCCUPATION OF WORK FOR MOST OF DOMESTIC | ON 126. K | IND OF BUSINESS OR |
| filled hould b | 13a S V | AL RESIDENCE (IF NURSING HOME OR STATE IAryland | OTHER INSTITUTION | 132 CITY OR Balti | BEFORE ADMISSION) TOWN MORE | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / 2108 Bryar | zip cope it AVenue | 21217 |
| on pletely and 2 s | | Thomas | WIDDLE | Butle | | Rose | WIDDIE | | olfey |
| ond r | | VAS DECEASED EVER IN U.S. AR UNKNOWN (IF YES, GIV | MED FORCES? | | 2-2316A | Ruby Holley | 2108 Bryan | | |
| on of the state of | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIA) | nly one cause per ED BY: TE CAUSE (a) | r line far (a), (b | Sa Ca | ugrene of | Lt lo | e BE' | APPROXIMATE INTERVAL I WEEN ONSET AND DEATH |
| he death c he a emo mati | | Canditions, if any, which gave rise to immediate | DUE TO, O | R AS A CONS | EQUENCE OF | 80787 S | | | 2 |
| that the d by the cose remain or, creming or other to | | cause (a), stating the underlying cause last | DUE TO, O | R AS A CONS | EOUENCE OF | Periplus | el las l | मे अवडा | 3 7 |
| en signe en taburi | TION | PART 2 OTHER SIGNIFICANT O | elest | 1 | CN. | A. | | | 222 |
| The law cion. | CERTIFICATION | 196 DATE OF OPERATION | | | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE IN CERTIFYING CA | NO [] |
| IYSICIAN: The ding physicis s certificate burial-transit Mental Hygis or Item 8 sho | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | P. | .m. MONTH .m. | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM IS PART OR P | AT 2) |
| ottending free this as the but the and M | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (AT HOME STI | OF INJURY REET FACTORY OF | FICE FARM ETC) | 2 If LOCATION STREET | CITY OR FOV | VN COUP | NIV STATE |
| Spital or Spital or CTOR: A for use of Health | | 22a. I certify that (I) (this haspi saw the deceased alive an abave, (I) (yel) (did) (did no | 91 | V | | d that in (my) (our) apınıan | death accurred an the do | te and have and fra | m the causes stated |
| by the hoo by the hoo IERAL DIRECTOR OF Store Dept. | | 226. SIGNATURE | ehen | Wo | rete | ATTENDING PHYSICIAN [| MEDICAL STAF DIRECTOR PHYSIC | F G | PH/86 |
| FUN FUN ORT | | PMBA C | IR PRINT) HER | w | SORETA | 22e ADDRESS | | | |
| Bb | 23a E | BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL | 23b. DATE 9/10 | /86 | | emetery or crematory ore National | Baltimore | COUNTY | 1d. STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | uneral director arch Funeral Ho | omes 11 | .01 Eas | t North | | E REC'D. BY REGISTRAR | SL REGISTRAR'S SE | SNATURE" |

| ND 21201 | s ofter death |
|---|--|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 VITENDING PHYSICIAN: The low requires that the death certificate be executed with II 25 figure att. Spitol or otherding physician. | CIOR. After this certificate has been signed by the attending physician and completely that it is the formal attended of far use as the buriol-transit permit, then please remove carbanpopers. Poge; I dind 2 when the first in the softer death. |

| | 1 | 500 | | | | OF MARYLAND | | 0 4 | ~ | E 1) | 0 0 |
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| 17070 | | 1 - STATE REGISTRAR | | | | EALTH AND MENTA ICATE OF DEATH | | | lia | 3 0 | 0 7 |
| 17879 | 1 | DECEASED NAME FIRST | MIE | DDLE | LA | AST | Т | REG. NO 20. DATE OF DEATH | MONTH DA | Y YEAR 2 | b HOUR |
| poge 3 | | (TYPE OR PRINT) Bernic | e | Ce | asar | | | 12:30 | 9 11 | 86 | PM |
| or. po | 3 | Female | 4 RACE | | S. DATE O | | | 6. AGE (IN YEARS LAST BIRT | ARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS | | FUNDER 24 HRS |
| s of | 1 | | B1 ac | | 4 | 2 2 | | 57 | YRS | E DE ATH | |
| - IF-B | 5 | Maryland | 76. CITIZEN OF WI | ^ | MARRIED WIDOWEI | NEVER MARRIEL | | BALTIMORE CITY O | | FUEATH | MD. |
| 110 | 0 | BALTIMORE | 2833 | The Alame | eda | R OTHER INSTITUTION | | 120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Nursing | WORKING LIFE) | 126 KIND OF INDUSTRY | BUSINESS OR |
| | _ | Md | SE OR OTHER INSTITUTION GI | Balto. | | 13d INSIDE CITY LIMI YES X NO | | 13e STREET ADDRESS / 2833 The | ZIP CODE Alamed | a 2121 | 8 |
| ompletell and 2 exomin | 0 | Warner | | Williams | | Alice | IN NAM | WIDDLE | | Myers | |
| n and con medical | / 1 | WAS DECEASED EVER IN U.S. | ARMED FORCES? | SOCIAL SECURI | | 17 INFORMANT | | ADDRE | | d 5 | |
| sician and pers. Page of | - | | | 219-22-2 | | Julius Ce | asar | 2833 The | ATame | | ATE INTERVAL SET AND DEATH |
| phy po po po po po po po po po po po po po | | 18 CAUSE OF DEATH Enter PART I. DEATH WAS CA | USED BY: DIATE CAUSE (0) | inteller | O. F. | 2 Donne | 6 | Cex. | | BETWEEN ON | SET AND DEATH |
| ding arbar arbar ar rer | | IMME | | AS A CONSEQUEN | CE OF | | | | | 1 | |
| atten atton, raum | | Conditions, if any, which gove rise to immediate | (_(b) | | | | | | | | • |
| ed by the elease reminal, cremo | | cause (o), stoting the underlying couse lost | DUE TO, OR | AS A CONSEQUEN | CE OF | | | | | | |
| pleas priol, | | PART 2 OTHER SIGNIFICAL | NT CONDITIONS CON | TRIBUTING TO DE | ATH BUT | NOT RELATED TO THE | FTERMIN | NAI DISEASE OR CONI | DITION GIVEN | V IN PART 1/0 | |
| n sign Then to b injury | | | | | | . TO THE TO THE | | THE DISEASE ON COM |) | · II· · · AKI · · · · | |
| on. he law r on. to be be t t permit iene prial aws any | 7 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | - 19b. CONDITI | ON FOR WHICH O | PERATION | N WAS PERFORMED | | 20a AUTOPSY? YES NO | 206 IF YES, YES | WERE FINDING NG CAUSES O | S USED F DEATH? |
| physici physici tificate I-transii al Hygi al B sh | 4.8 | OR COLUMNIA CALLER O | 110110 1 11 | | YEAR | 21¢ HOW INJURY O | CCURRE | D (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | T 1 OR PART 2) | |
| YSICI fing a s cert ouriol Mente | 71 | OR CONTRIBUTING CAUSE OF THE PROPERTY OF THE P | 21e PLACE OF | IN II IPY | 19 | 211 LOCATION | | ALC: YES | | | |
| ortend ord/ | | WHILE NOT WHILE AT WORK | | T, FACTORY, OFFICE FAR | M, ETC) | STREET | | CITY OR TO | VN | COUNTY | STATE |
| TENDIN ontol or o TOR Aft or use or of Health | 1 | 22a. certify that (1) (this h | on 9/10 | 19 8 | 7/c | d that in (my) (our) op | SJ pinion de | to filli | te and hour o | | ot (I) (we) last |
| hosp thed the tept. | 1 | obove, (I) (we) (did) (did) 22b. SIGNATURE | d not view the body of | fer deoth. | | DEGREE | 0.7 | | | 224. DATES | GNED |
| ERAL D e detoc Stote D ANT: If | | VEL. | ed Il | ecraer | | ATTENDI PHYSICI | | MEDICAL STAF | | 9/11 | 186 |
| etoined by etoined by TO FUNER, should be d with the Sto | | STEVILLE | YPE OR PRINT! | 6 LAST | en. | 72e ADDRESS | | | | 11 | |
| 7 6 1 2 3 ₹ | 2 | 30 BURIAL, CREMATION, REMO | | | | EMETERY OR CREMAT | | 23d LOCATION | 7.7 | COUNTY | STATE |
| BP | 1 | Burial 4 FUNERAL DIRECTOR | 9/16/ | so Gar | r150 | n Forest V | | Owings Mi | | D'S SIGNIATUR | STATE Md. |
| (VRA 15, 4) | | Wm Camarch F/H | 1101 | E. North | Ave | | SE | 4 - 1000 | | W. BORNATUI | Accord to Selling |
| | - | | | | | | | | | | |

THE WEST HERE IN CHANGERS SEPTEMBERS 22, 1685 FEELS Value of the Control Saltimons = decided Numbing Home Teather Education Man delice s del North s 1918 Chinica J. Equihat Sanah 212 24 7241 Nens Charten, Balto., No 21210 A Year Children and the for the special sections Michigan Same and and n. itell sautellede, vu sof E. Univardia Ekrv., Bake., Vu S'A ME MOUSE - SAC STRONG BY A'S player M. Jankins & Bord Co. 21-12 (0) 1-12 21-12

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | 7. 1 |
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| NTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be | ı |
| spital or attending physician. | 1 |
| TOP After this certificate has been sinced by the attending physician ampletely filled in by the little in both | Z |

| | 1- | FOR STATE REGISTRAR | DEPART | | EALTH AND MENTAL HYGI CATE OF DEATH | REG. NO | 2 | 5 0 | |
|------------------------------|---------------|---|---|--------------------|--|---|-----------------------------------|------------|---------------------------------|
| | | CEASED NAME FIRST HOSE | MIDDLE | 7 | BLAIN Sr. | | MONTH DAY | YEAR 86 | DA TOM |
| 77 | 3. SE. | | BLACK | S. DATE O | | 6. AGE (IN YEARS LAST BIR) | HDAY) IF UN MONTH | DER I YEAR | IF UNDER 24 HRS |
| S. X | | RTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina | 76. CITIZEN OF WHAT COUNTRY? | MARRIED WIDOWEI | NEVER MARRIED | 9. BALTIMORE CITY O BALT I MORE | R COUNTY OF | DEATH | MD. |
| D L L | t | BALTIMORE | | ADDRESS) | HOSPINSL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O | ON F WORKING LIFE) IN | NDUSTRY | BUSINESS OR Employe |
| er must be | 13a S | aryland 136 COUR | ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW Baltimo | 'N I | YES X NO | 13e.STREET ADDRESS / 2000 WESTW | zip code ood Avei | nue 2 | 21217 |
| 362 | | John | Chamblai Chamblai | | 15. MOTHER'S MAIDEN NAM Lougenie | MIDDLE | | oward | |
| ne medica | | VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV YES | MED FORCES? 166 SOCIAL SECU 244-16- | | Nina Mae Bai | | westwood | | |
| removal | | PART I. DEATH WAS CAUSE | nly one couse per line for (01, (b), on ED BY TE CAUSE (0) | 2129 | | | | | NATE INTERVAL NSET AND DEATH |
| remotion, or her troumati | | Conditions, if ony, which gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | | | 011111 | | 51/ | 100 |
| to burial, a | NO | PART 2. OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CON | DITION GIVEN II | | ins |
| ows ony | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | _ | | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES | G CAUSES C | |
| tem 18 sh | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | AY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUS | Y IN ITEM 18 PART I | ORPART 2) | |
| orked or | MED | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| pt. of Heo em 21 is m | 9 | 22e.I certify that (I) this hosp saw the decreased after an obove (I) two (did) did no 77e SKSNA | tall utended the deceosed from | | d that in (our) opinion d | , to leath occurred on the do | | | |
| e Stote De TANT: If In | | 22d, PHYSICIAN'S NAME (TYPE O | Resentant! | 43 | 4 | MEDICAL STAF | | 9/6 | 186 |
| with the Stot | 23 a E | BURIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | UNIY | STATE |
|)M 7/B4 | 24 FI | UNERAL DIRECTOR | | | See Mr. C | Crownsvi | lle, 256. REGISTRAR | S SIGNATU | Md. |
| 4) | | MArch runeral H | omes 1101 East | North | Avenue SE | 9 1986 | Julia Deur | dan-R | MATIN |

STATE OF MARYLAND

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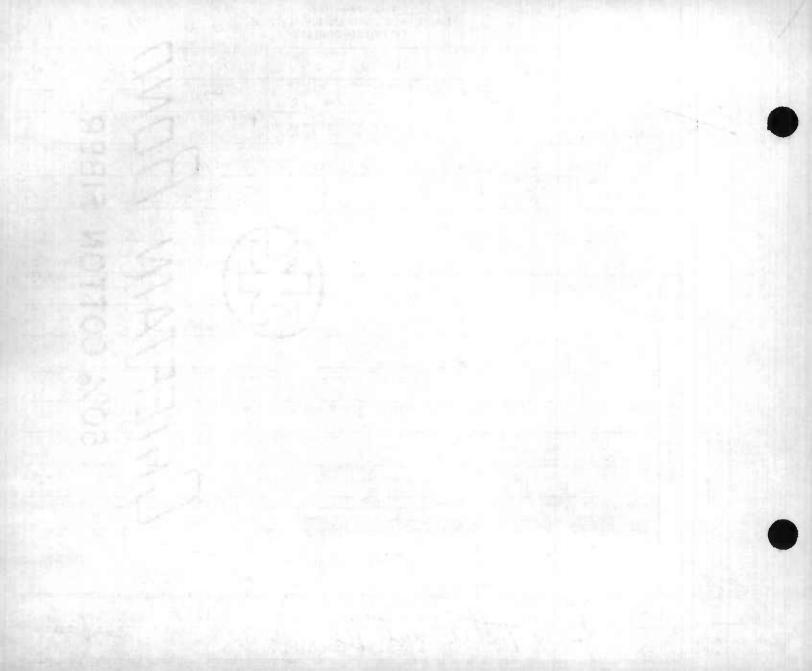
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| 7011 | 1. | FOR STATE | DEP | | ALTH AND MENTAL HYG | SIENE 8 6 | 2 5 0 | 12 |
| /841 | | REGISTRAR COL | Chandl | CERTIFIC | CATE OF DEATH | REG. NO. | | |
| | I. DE | | Ruel MIDDLE | LAS | t Chandler | 20. DATE OF DEATH M | ONTH DAY YEAR | 7b. HOUR |
| oge 3 | (IAbE | OR PRINT) Will | iam Ruel | | handler | Sep | 1381 51 + | 1:50 P |
| od a | 3. SEX | (| 1. RACE | I 5. DATE OF | BIRTH | 6 AGE (IN YEARS LAST BIRTHE | | 741 |
| ofte ofte | | | | MONTH | DAY YEAR | , _ | MONTHS DATS | HOURS MIN. |
| - | | NPSE | White | 9 | 25 1918 | (2) | YRS. | |
| 56 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | MARRIED | NEVER MARRIED | 9 BALTIMORE CITY OR | | |
| 82 | K | rentucky | VS | WIDOWED | | Baltimore | - | MD. |
| 271 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | | OTHER INSTITUTION | 12a USUAL OCCUPATION | N 12b. KIND C | OF BUSINESS OR |
| 10 | 0 | Soll himore | South Bo | .) | Cen Hua | Tis Root C | | itime |
| 3000 | | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | V | | | 21090 |
| 200 | | 1 1 1 1 | | icum | 13d. INSIPE CITY LIMITS? YES € NO XX | 13e.STREET ADDRESS / Z | HAM MUNDS | |
| 1 | | THER'S NAME | | | 15. MOTHER'S MAIDEN NA | 1708 N. | HAIMINIO NO. | - BKBA |
| 17/ | 11 | Charles | W. Che | | Elizab | | Ch. | stle |
| | 11/2 | VAS DECEASED EVER IN U.S. AR | | _ | | eth A. | | rre |
| 0/7 | | | E WAR OR DATES | | 17. INFORMANT | | | |
| 10 | | NO | 1401-1 | 4-6470 | Erma M. C | handler S | ame as 13e | |
| | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (o), (| b), and (c). | | | APPROX BETWEEN | ONSET AND DEATH |
| even | | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (a) CARd | ionelm | ONDRY ARI | 2057 | | |
| or re | | | DUE TO, OR AS A CONS | A | TO BE ALLY | The same of the same | | |
| on, | | Conditions, if ony, which | (16) mete | 1 1 1 | CARCINON | na at the | acetro | |
| orac antr | | gave rise to immediate cause (a), stating the |) | | | 112 | The state of the s | |
| cre | | underlying cause lost | DUE TO, OR AS A CONS | SEQUENCE OF | | | | |
| 10 | | DADY O CAUSD CICALISIS AND | (c) | 0 TO DE 1711 BUT 1 | | | | |
| lory | Z | PART 2. OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING | S TO DEATH BUT N | NOT KELATED TO THE TERM | (IN AL DISEASE OR CONDI | TION GIVEN IN PART IS | а |
| 1 | F | 190 DATE OF OPERATION | 19b. CONDITION FOR W | ANICH OBERATION | WAS BEDSORNED | 20g AUTOPSY? | 20b. IF YES, WERE FINDI | NCC USED |
| 000 | JH Z | THE DATE OF OPERATION | 178. CONDITION FOR W | THE OFERATION | WAS PERFORMED | | IN CERTIFYING CAUSES | OF DEATH? |
| 1 | CERTIFICATION | | | | | YES NO | YES | NO 🗆 |
| 9/ | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | H DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART ?) | |
| 4 | CAL | (IF EITHER, NOTIFY MEDICAL EXAMINE | ALIN . | 19 | | | | |
| 5 | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY LATHOME, STREET, FACTORY, O | SEICE EARL ETC. | 21f. LOCATION | CITY OR TOWN | N COUNTY | STATE |
| | Z | WHILE NOT WHILE AT WORK | TAL HOME, STREET, FACTORY, O | PERCE, PARM, ETC.) | JINE | CIT ON TOWN | | J. 1816 |
| | | 220.1 certify that (I) (this haspi | ital) attended the deceased f | rom_ 2/2 | 5 19 86 | to 9/12 | 19 56 | that (I) (we) last |
| | | saw the deceased alive an | 9/12 | | I that in (my) (aur) apinion | death occurred an the date | | |
| Hem 21 | | abave, (1) (we) (did) (did no 22b, SIGNATURE | it) view the bady after death. | | EGREE | | | SIGNED |
| | | 1) CO O | 0 00 | | ATTENDING | MEDICAL STAFF | | SIGNED |
| | | Hankel 6 | 2 Manual | nn. | PHYSICIAN [| DIRECTOR PHYSICIA | NO | |
| A L | | 228 PHYSICIAN'S NAME STYPE C | OR PRINT) | THE PERMIT | 22e ADDRESS | | 0 | |
| | | HAROLD | Blumonth | al mo | 30015. | HANNER | 5+ Bnit | mer, my 21 |
| | | BURIAL, CREMATION, REMOVAL | 23h DATE | | METERY OR CREMATORY | 23d LOCATION | | |
| | | SPECIFY) Burial | 9/15/86 | Meadowr: | idge Mem Park | Baltimore | Howard | Md |
| | 24 FI | UNERAL DIRECTOR | | <u> </u> | 1 | | | |
| 7/84 | Ge | orge J. Gonce | 4001 Ritchie | Howy Ra | Lto Md S | FP 1 5 1986 | www.wwidoen-V | lastorona |
| | | | | 6113 170 | rid I'ld | | | |

The state of the second of the

Walter Brooks Bradley Inc. Balto., Md. 21222

(VRA 15, 4)

STATE OF MARYLAND



| | | F | ilm G621 i | tem 5, 15 | ,17 | DED 4 DT4 | | | ARYLAN | 177 | | | | 0 | - | 64 | 1 | - |
|--|--|---------------|----------------------------|---------------------------------|---|------------------|--------------------|--------------|--------------|---------------|---------|---------------|-------------------------|-----------|----------|----------|----------------------|-----------|
| | | 1- | | /10/86 r | ja ME | | MENT OF I | | | | IT GIEN | THO | | 4 | 2 | 13 | 1 | 2 |
| 0 1 | 0 2 0 7 | | REGISTRAR CEASED NAME | FIRST | 1445 | MIDDLE | -AAMIII | EK 3 C | LAST | CATEC | IF DEA | 20 DATE | REG | NO. | AONTH | DAY | YEAR | 26. HOUR |
| 0 - 1 | 3032 | (TYP | E OR PRINT) | Kathlee | ⊃n | - | | Ch | atter | ton | | 01 | ESTI- H MATED | | 9 | | | |
| | ROES S | (LSE) | 4. | RACE | S. DATE OF BIRTH | H. | 6 AGE (IN YE) | | DER 1 YR. | IF UNDER | 24 HRS | 2c. DA | | | ONTH | DAY | 9 86 YEAR | 2d. HOUR |
| | L NATH | | Female | White | Feb. 23 | 1959 | 27 YE | 11101111 | S DAYS | HOURS | MIN. | PRONOL DEA | UNCED | | 9 | 30 1 | 986 | 1:30A |
| - | PAN EST | | RTHPLACE (STATE | | 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COU | | | | | | OUNT | _ | | | | | | |
| | SASSE 10 | | arrisbur | - | USA | | | WIDOW | | DIVORC | ED 🗆 | | ltim | | | 4 | | MD. |
| (9 | 1 1 1 1 C | D | TY OR TOWN OF altimore | DEATH | 11. NAME OF HO | ACILITY, GIVE ST | | | R INSTITU | TION | FOR / | | UPATION ORKING LIFE) | | | OR I | NDUSTR | Y |
| 6 | Bass - | USUA | L RESIDENCE (IF | | ROTHER INSTITUTION, C | IVE RESIDENCE | BEFORE ADMISSIO | (NC | | | | | | | | 12010 | 1 010 | 7116 |
| 12 | AN DESCRIPTION OF THE PROPERTY | 13a S | rate Marvland | 13b. COUN | ΙΥ | -Ballt | or town | | 13d INSIDE C | NO [| 13e STR | EET ADD | RESS P | atap | sco | Ave | 212 | 25 |
| 9 | T NEW T | | THER'S NAME | | MIDDLE | | AST | | 15. MOTHE | R'S MAIDE | N NAME | | ALIBERTS | | | ŁA | | |
| 30 | 28.25 | | FIR51 | W. Geo | 2.0 | | .A51 | | | Cynt] | hia | - Mo | cClena | ahen | | LA. | 31 | |
| OWI | SECTION / | 16a. V (Y | VAS DECEASED E | VER IN U.S. ARA | AED FORCES? | | IAL SECURIT | | 17. INFORA | THAN | | | ADDR | 1815 | 5 8 | Anna | St. | |
| SALT | S A S A S A S A S A S A S A S A S A S A | | No | | - | 200 | 42 418 | U | Cyn | thia | Morr | ow, | Mothe | r Ne | ew C | Cumb | | nd Pa |
| | NIT. | 10 | 18 CAUSE OF D | EATH (Enter and H WAS CAUSED | y ane cause per lin | - | | | | | 19.00 | | | | | BETWE | ROXIMATE EN ONSET | AND DEATH |
| NO | PERA SIEN VAL | | | | E CAUSE (a) | | nt hea | | uma | | | | have | | | | | |
| REST | ITHIN 24 CIL IN III NER ALC ANSIT PR AL HYGI | | Canditians, | if any, which | DUE 10, OI | R AS A CON | SEOUENCE (|)F | | | | | | | | | | |
| × . | WITH RAINE TRAINE NTAL | of: | | ta immediate | (b) | AS A CON | SEOUENCE (|)E | | | | | | | | - | - | |
| 201 | JTED WI EXAMIN IAL-TRA | 1 | lying cause | | (a) | | 520021162 | " | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | BE EXECUTED SENDING IN BEDICAL EXA AS A BURIAL ALTH AND MICH AND M | | PART 2 OTHER SIGNI | FICANT CONDITIONS | ONTRIBUTING TO DEATH | BUT NOT RELAT | EO TO THE TERM | INAL DISEASE | OR CONDITION | N GIVEN IN PA | RT 1 to | | | | | - | | |
| Ö | ULD BE EXEC PENDING: FF MEDICAL ED AS A BU HEALTH AN H, CREMAT | ON | 127.9 | | | | | | | | | | | | | | | |
| 7 | U.E O.B | CERTIFICATION | 190. DATE OF OF | PERATION | 196 COND | ITION FOR V | VHICH OPER | ATION W | AS PERFOR | MED? | | | | | | 2D AU | TOPSY? | |
| VIT | SHOUL CHIEF CHIEF AT OF H BURIAL | RTIF | 210 EXTERNAL | ALICENAC | 100 7005 0 | | | T | | | | | | | | | s K | NO 🗌 |
| ō | Z#ESSE- | | UNDERLYING CONTRIBUTING | | HOUR XX | MONTH | DAY YEAR | 21c HC | W INJURY | | | | ENJURY IN ITE | A 18 PART | 1 OR PAR | T 2] | | |
| Sion | CERTIFIC TING TH DED TO 3 SHOU DEPARTI | MEDICAL | 21d INJURY OC | | | OF INJURY | 29 ₁₉ 8 | | bject | assa | aurte | ea | | | | | - | |
| DIV | VRITING ARDED ARDED GE 3 SI TE DEP | ME | WHILE AT WORK | OT WHILE X | STREET, FAC | tory, farm, et | | 51 | 9 E. | Datar | 2500 | ATTO | Nwot Dalt | | City | | | STATE MD. |
| | ST P V A IS | | | | | | - | | LA | | | | | | | | | MD. |
| | TOR SAID | | death resulted | | e af the remains de al causes | scribed abav | | _Autops | y A, | Inspection | | Inquir | | and in | ту арі | inian | | |
| | SETH SETH WITH WITH | | death resulted | rram: Natur | al causes [], | Accident | L, Su | cide [], | TITLE (S | | Undet | ermined r | manner L | ٠ | | | | |
| | A STANKE | M. | ACTUAL SIGNATURE | 711 | en | - | | M | | sistar | It MED | IC AL EXA | MAINER | | DATE | 9/ | 30/8 | 36 |
| | NEW SEA | | EXAMINER'S NA | ME. | // | | | | | | | | | 3/1 | 310142 | | | |
| | TO MEDICAL E EXECUTE THE PACE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE N | - | (TYPE OR PRINT) | | Willia | | | | | | l Per | | | alto | ,MD | | | |
| | EDSE49 | 73a,B | Burial | N, REMOVAL Z | 30/2/06 | | AME OF CEA | | | | 23d LC | CATION | er Al | 1 | COUN | TY | শ | TE |
| 07/B4 25M | BP | | INERA PRECTO | 0 4 | 2010109 | 110 | lling | Green | | | | | | | | - | | |
| | DHMH - 17 (VR A15 ME (5)) | 60.00 | nzdzinsk | i Funer | al Norte | 1 740 | 7 01d | Easte | ern A | 250. DATE P | 03 | 1986 | 5 July | النافلات | CENTS! | The same | | |
| | (AK MID WE (D)) | 22.0 | JANUAR THER | T TAROL | and himself | 140 | 22.2 | 22 | A 22 24 | . 5001 | | | | on 45° | | | | 4 |





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH EASED NAME FIRST MIDDLE LAST 20 D

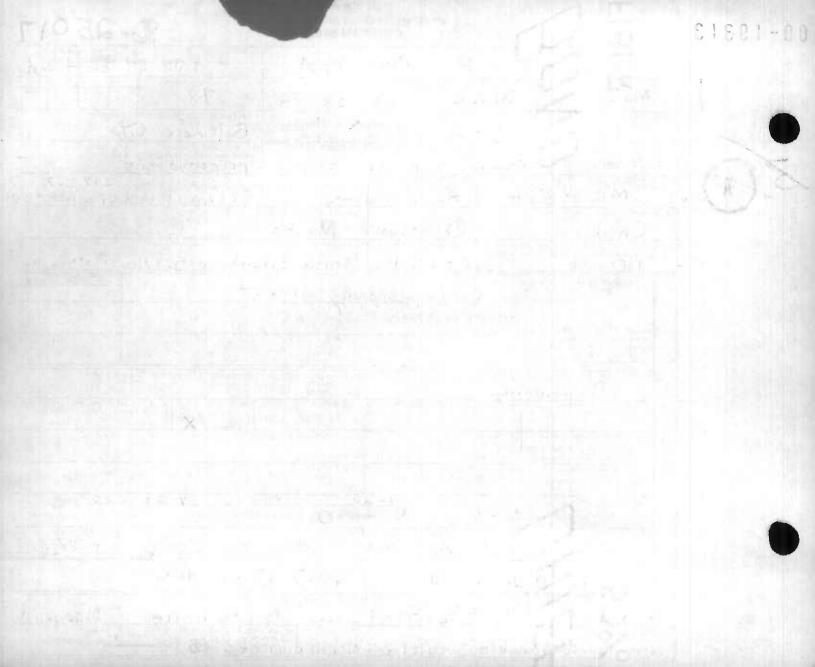
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| | | CEASED NAME FIRST | M | IDDLE | DDLE LAST | | | | H MONTH | DAY | YEAR | 26 HOL | JR |
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| 1 | | | / | 1. | | | 7 | | 7 | | | 6 | AM |
| 1 | 2.5EX | | 4 RACE | , | 5. DATE C | | YEAR | 6 AGE IN YEARS LAS | T BIRTHDAY) | MONTH | DAYS | HOURS | 24 HRS |
| 2 | | M | M | | 0% | 13 | 28 | 58 | YRS | | | HOURS | Det iii vi |
| 1 | 76. 68 | RTHPLACE (STATE OF PORTION | 76 CITIZEN OF W | VHAT COUN | RY2 8 | 11 | | 9 BALTIMORE CIT | | | EATH | | |
| / | | Ountery | | | MARRIEI | DAT NEVER A | ARRIED - | | | | | | |
| 5 | | Pakistan | Inda | | WIDOWE | | ORCED _ | Balti | | | | | MD. |
| 1 | M CI | TY OR TOWN OF DEATH | H. NAME OF H | OSPITAL, NU | | R OTHER INST | ITUTION | 12a USUAL OCCUI | | | KIND O | F BUSINE | SS OR |
| 1 | 1 | Daltimana / | BINAI | | ITAL- | BALTI | MORE | | ruction | | Forn | nan | |
| | PEISU/ | Baltimore | OTHER INSTITUTION C | | | 13 /1-1 (| | | | | // | 117 | 27 |
| L | 13e.5 | TATE IN COUN | Yto. | 130 CITY OR | s Mills | 13d INSIDE C | ITY LIMITS? | 301 PTE | SS / ZIP CO | DE: de | TO DV | /// | / |
| 1 | | Md. Ba | 100. | Ow my | 5 111115 | | | | asant | Ridg | je bi | • | |
| 23 | AS FA | THEN'S NAME | HODLE | LAST | | 15 MOTHER'S | MAIDEN NAM | | | | | | |
| Y | Kh | alil Chaudhry | -OUE | LASI | | Khadi. | ia | Begum MIDD | 3. | | LAS | | |
| _ | IDONOMINA | VAS DECEASED EVER IN U.S. AR/ | MED EORCES? | 14h SOCIALS | SECURITY NO. | 17 INFORMA | | | DRESS | | | - | |
| 2 | 111 | ES NO OR UNKNOWN) | WAR OR DATES) | | | | | | | | | | |
| | N | 0 | | 214-9 | 2-8824 | Sham | im Chau | ahry S | Same | | | 9-25 | - 41 |
| | | CAUSE OF DEATH (Enter onl | v one couse per l | ine for (o), (b | ond ic 1 | - | 1900 | | 11-1 | | BETWEEN | MÀTE INTE | RVAL |
| | | PART I. DEATH WAS CAUSED | O BY | | NSTE | 4 1 | LER VII | ATION | | | 00.11 | JANUARY PARTY | 011111 |
| | | IMMEDIAT | E CAUSE (o) | BICHI | 102161 | -(| 1212/01 | 11 11070 | | - | | _ | |
| | | The second second | DUE TO, OR | AS A CONSI | EQUENCE OF | | | | | | | | |
| - | | Conditions, if ony, which | ((b) | SUBA | RACHA | 1010 | Hem | ORRHAGE | | | | | |
| 4 | | gove rise to immediate couse (a), stating the | 3 | | | | 1000 | 7 | | | | | |
| | 131 | underlying cause lost. | | LUP TU | EQUENCE OF | BERRY | MAG | URYSM | | | | | |
| | | | | | | | | | - | | | | |
| | 2 | PART 2. OTHER SIGNIFICANT C | ONDITIONS CO | NTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERMI | INAL DISEASE OR C | ONDITION | SIVEN IN | PART 11 | 0 | |
| | CERTIFICATION | | | | | | | | | | | | |
| | A | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WH | HICH OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? | | YES, WEI | RE FINDIN | GS USE | D |
| 1 | FI | The state of the s | - C. D. | | | | | YES TO NOT | | YES T | CAUSES | OF DEAT | _ |
| | E 25 | 710 ACCIDENT WAS UNDERLYING | 21b. TIME OF | IN II IQV | - | 1214 HOW IN | ILIPY OCCUPA | ED (ENTER NATURE OF | | | 0.04.07.31 | 140 [| |
| 2 | 11.70 | OR CONTRIBUTING CAUSE OF DEA | 110110 4 11 | | DAY YEAR | 110.110.11 | JONI OCCURR | LD (ENIER NATURE OF | INJURY IN HEM I | BPARTIC | KPARI 2) | | |
| | N. | (IF EITHER NOTIFY MEDICAL EXAMINER | | ۸. | 19 | | | | | | | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE C | | | 211 LOCATIO | N | c tan d | OR TOWN | | OUNTY | | STATE |
| | ž | HILE NOT WHILE AT WORK | (AT HOME STRE | ET, FACTORY, OF | FICE, FARM ETC) | STREET | | (114) | JK TOWN | | OUNT | | IAIE |
| | | | | | | | | | | | | | |
| | | 22a. I certify that (I) (this hospit | | deceased fr | | | . 19 | , to | | | | that (I) (| |
| | | sow the deceased alive on, above, (1) (we) (did) (did not | view the body o | after death | 19, or | id that in (my) | (our) opinion d | leoth occurred on th | ne date and h | our and | from the | couses st | ated |
| | | 22b SIGNATURE | | | | DEGREE | | | | 2 | 2c. DATE | SIGNED | |
| | | 10000 | | | M. | | TTENDING _ | | STAFF | - | 9/2 | 2/04 | - |
| | | 22d PHYSICIAN'S NAME (TYPE OF | - | | M | 22e ADDRES | PHYSICIAN [| DIRECTOR PH | YSICIAN | | 1/6 | TIJO | |
| 1 | | 1 - 4 - | | | | | | 11 00. | 4.4 | | | | |
| | | KARL SAC | MAN | | | 71 | NAI | HOSPIT | AL | | | | |
| | 73a B | JURIAL, CREMATION, REMOVAL | 236 DATE | | 23c NAME OF C | EMETERY OR O | REMATORY | 734 LOCATION | | | | | |
| | - (| SPECIFY) Burial | Sept. 2 | 7.86 | Geo. Wa | | | Ad i phi | Md. | cou | NTY | | TATE |
| | | | Lobot - | ,,,, | | | 3.7 | | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown; Md. 21136

OCT 0 3 1986

| | | | | FOR | DEPART | MENT OF HEALTH | | | ~ ~~~ |
|---|---|-----|------------|---|--|------------------|----------------------|--|--|
| 0 - | 19313 | | 1 - | STATE REGISTRAR | | CERTIFICATE | OF U. | REG. NO | 86-25011 |
| | r be | | | EASED NAME FIRST WALTE | R A. | CHEATA | IAM | 20. DATE OF DEATH | 9 21 56 4:26 /m |
| | oge 4 mo | | 3. SE) | Male | Black | | S OS | 6. AGE (IN YEARS LAST BIRTI | YRS. |
| • | deouth P | 3 | | OUNTRY) VA | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NE | VER MARRIED DIVORCED | Baltimor | |
| 2 | N | 1 | 7 | altimore | IF NOT IN SUCH FACILITY, GIVE STREET Francis Scot | ADDRESS) KEY | Hosp. | 120 USUAL OCCUPATION OF WORK FOR MOST OF | F WORKING LIFET INDUSTRY |
| AND | U | 3.5 | 33a. S | TATE MD BY | other institution give residence before ITY 13c. CITY OR TOV B cult | /N 13d. INS | - | 52 New | PITTS DURG AVENUE |
| MARY | 1 131 | 5 | | Charles | Cheat | ham 15. MOI | Martie | MIDDLE | I LAST |
| BALTIMORE | Poper Padical | 2 | | VAS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN) | MED FORCES? 166. SOCIAL SECTION OF THE PROPERTY OF THE PROPERT | | nna Che | eatham 5 | 21 New Pittsburg |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BA | if the death certificant to the attending physics or remove carbon page or emoval or removal the trainitiatic event, it | | | PART I. DE ATH WAS CAUSED | DUE TO, OR AS A CONSEOU | ence of | y arre | st. | APPROXIMATÉ MIERVAL BETWEEN ONSET AND DEATH |
| DRDS, 201 | requires that the en signed by the or to burial, cre- rinjury, ar athe | | CATION | | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RE | LATED TO THE TERM | INAL DISEASE OR CONE | |
| AL RECO | The law reictan. The has been ssit permit. Grene prior shows any in | 2 | CERTIFICA | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | | | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| N OF VIT | rysicians: The ding physician s certificate h burial-transit i Mental Hygiel | 9 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH D | AY YEAR | | RED (ENTER NATURE OF INJUR | Y IN ITEM 18. PART 1 OR PART 2) |
| DIVISION | NG PHY offer this os the but th and M | | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) | CATION STREET | CITY OR TOV | |
| | haspital ar IRECTOR: A hed for use ept. of Heal | 1 | ľ | sow the deceased alive on above, (1) (we) (did) (did nat | ol) attended the deceased from 9 - 24 19 | | 19 | death occurred on the do | te and hour and from the couses stated |
| | the Date of Tr. F | _ | | 226. SIGNATURE Steenley | D. Drake, | m DEGREE | ATTENDING PHYSICIAN | MEDICAL STAF DIRECTOR PHYSIC | |
| | TO HOSPIT, etained by TO FUNER, should be d with the Sta | 1 | | Stanley D | . Drake, MD | 22e AC | 1940 E | astern Au | €, |
| | BP | | اسر (| BURIAL REMOVAL | 23b. DATE 9 29/86 E | astuis | 2W | Balding | |
| D | HMH - 16 50M 4/83 (VRA 15, 4) | | 24 FI | NERAL DIRECTOR NAME O M O O O O O O O O O O O | oh F/H Inc. (16 | ol East No | eth Aust | B 26 1986 | ZIN REGISTRAR'S SIGNATURE |



| 00-17 | 751 | 3 | 1- | STATE REGISTRAR | | | DEPAK | | ICATE OF DEATH | | O REG. N | 0. | 5 1 |) 1 0 |
|--|--|----|---------------|---|---|----------------------------------|---|-------------|--|----------|--|---|--------------------------------|----------------------------------|
| pe | page 3 | ٥ | 1. DE | OR PRINT) | ella | M | IDDLE | (| "hmiel | 2a. C | DATE OF DEATH | MONTH DAY 69-09 | YEAR - ST | 26. HOUR 126 R |
| ge 4 mo | rs ofter o | | 3. SE | F | | 1 RACE |) | S. DATE O | H DAY YEA | 6 1 | GE (IN YEARS LAST BIR | YRS. | | IF UNDER 24 HR |
| deorth. Po | oneral di | 2 | j | RTHPLACE (STATE OR F | ā M | POLAI | ND | WIDOW | | | Bal 5 | OR COUNTY OF | DEATH | MD. |
| 201 Us offer | | 6 | B | a (to hol | en | TO COL | HACILITY, GIVE STRE | ET ADDRESS) | HOSV: + | (TYPI | USUAL OCCUPAT E OF WORK FOR MOST O OMEMAKE | OF WORKING LIFE) | 126. KING O INDUSTRY HOI | F BUSINESS OR |
| LAND 21 | Pool of the last | 34 | MA | AL RESIDENCE (IF NURSI TATE ARYLAND | BAL BAL | TIMORE | 136 CITY OR TO 212 | OH OH | 13d. INSIDE CITY LIMI | | TREET ADDRESS CHE | ZIP CODE VERLY | RD. | 21204 |
| , MARYI | Sond 2 | 30 | | WOJCIECH | | AIDDLE | SIDOR | | 15 MOTHER'S MAIDE SOPH | | WIDDLE | | SE | |
| TIMORE be execu | Poper or Poper | 1 | | VAS DECEASED EVER (ENOOR UNKNOWN) | | MED FORCES? WAR OR DATES) | 166 SOCIAL SEC | -1 | DOROTHY A | A. SH | ADDR EPHERD1 | | EVER | |
| 201 W. PRESTON ST., B. | led by the ottending print please remove contrampa- viral, cremation, or min- or other troumote | | | Conditions, if any, gave rise to imm cause (a), statinunderlying cause | which wediate g the last. | DUE TO, OR (b) DUE TO, OR (c) | AS A CONSEQ | UENCE OF | Payor Payor | 100 | CA. | 4 | | MATE INTERVAL INSET AND DEATH |
| AL RECORDS, The law require | n permit Then gene poor to be | 7 | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDIT | ION FOR WHIC | | N WAS PERFORMED | 20 YE | a AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES [| /ERE FINDIN IG CAUSES | IGS USED |
| DIVISION OF VITAL TENDING PHYSICIAN: The | OR After the certification use on the found-thorn of Health and Mental High Lis marked or them 18 s | 9 | MEDICAL CE | 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK 22a. I certify that (1) sow the decease obove, (1) (we) (1) | AUSE OF DEAT AL EXAMINER) ED LE (this hospite | P.N. 21e PLACE C LAT HOME STRE | A. MONTH A. DF INJURY ET, FACTORY, OFFICE deceased from | 0,1 | 21c HOW INJURY OF 21f LOCATION STREET P. 19_nd that in (my) (our) op | , 1 | CITY OR TO | 0 7, 19. | COUNTY | STATE that (1) (we) lost |
| HOSPITAL OR ATTE | TO FUNERAL DIFECT Should be detached in with the State Deut MAPORTANT: If It | | | 22b. SIGNATURE | ME ITIM CO | | BAK | 00 | DEGREE ATTENDI PHYSICI | ING ME | EDICAL STA ECTOR PHYSIC | FF | 221. DATE | |
| BP. | - is 3 <u>S</u> | | | URIAL, CREMATION, I | REMOVAL | SEPT. | | | EMETERY OR CREMAT | CEN | ETERY | LODI, | NEW | JERSEY |
| | - 16 60M 7/ RA 15, 4) | В4 | W] | LLIAM E. | JOH: | NSON85 | 21 LOC | H RAV | EN BLVD.25 | SEP | 1 0 1986 | 256 REGISTRA | R'S SIGNATI | JRE |

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OF PRINT) 86 poge . 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IS LINDER 2 LM 3 SEX 5. DATE OF BIRTH MONTH 99 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto City Stanford Conn WIDOWED V DIVORCED M CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Home Domestic Dundalk Turners Sta 13d INSIDE CITY LIMITS? 13. STREET ADDRESS. ZIP CODE Turners Maryland NO 17 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE John son Margaret Unknown 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 183-22-3689 Peggie Brown 526 Main St 18 CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OF LOWN STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (his hospital) attended the deceased from 19 86, and that in (m) (our oppinion death occurred on the date and hour and from the causes stated 72h SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN FUNERA old be d 774. PHYSICIAN'S NAME, [TYPE OR PRINT] 22e. ADDRESS IMPORT 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY 9-27-86 Mt Calvary Balto Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) James A Morton FH 1701 Laurens St

Stanford Committee Committ

GE THE SE WHEN SE

EM To a street

| | FOR | DEDADTA | STATE OF MAKILAND | SIFAIR (3 4. | 0 2 0 0 1 |
|--|---|--|---|--|--|
| 10000 | - STATE REGISTRAR | DEPARTM | TENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | REG. NO. | 25021 |
| 10003 | I. DECEASED NAME FIRST (TYPE OR PRINT) ALVER | MIDDLE B | CLAXTON SR, | 20. DATE OF DEATH MO SEPTEMBER | |
| e 4 may ctor, pag s ofter de | 3. SEX Male | 4 RACE White | 5. DATE OF BIRTH March 5, DAY 1905 | 6 AGE TIN YEARS LAST BIRTHDA | MONTHS DAYS HOURS MIN. |
| oth. Pog | 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED X NEVER MARRIED | BALTIMORE CITY OR C | |
| s ofter de | BALTIMORE | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET, JOHNS HOPKIN) | ADDRESS1 | 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI | 126. KIND OF BUSINESS OR |
| n 24 hour | RESIDENCE (IF NURSING HOME OF THE 136 COURT | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Kite | N 13d. INSIDE CITY LIMITS? | 130.STREET ADDRESS / ZI Box 24 Run | P CODE al Route 9999 |
| of with | Henry J. Cla | | 15 MOTHER'S MAIDEN NA FIRST C1 yde | Kite MHDDLE | LAST |
| ote be executed within 24 | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GP | RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 254-05-5 | | ADDRESS On Box 24 Kit | e,Georgia |
| | PART I. DEATH WAS CAUSE | nly one couse per line for (0), (b), one ED BY: TE CAUSE (a) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 monates |
| DIVISION OF VITAL RECORDS, 20 W PRESTON STE | Conditions, if ony, which gove rise to immediate | DUE TO, OR AS A CONSEQUE | nce of Insufficiency / | Arest | 14 minutes |
| s that the ed by the please re-rial, crem | couse (o), stoting the underlying couse lost. | DUE TO, OR AS A CONSEQUE | NCE OF Palmonary DEATH BUT NOT RELATED TO THE TERM | Fibrasis | 8 months |
| en sign Then por to bur | Dukes B. | I Colonic Ade | nocarcinoma | | |
| The low in permit permit permit grene price | 9a. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | YES NOW | DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO |
| SICJAN: ng physic certificot ricol-frons entol Hyg | 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. | HOUR A.M. MONTH DA | 19 | RED (ENTER NATURE OF INJURY IN | ITEM 18 PART I OR PART 2) |
| NG PHY offer this os the but th ond M | THE EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | | CITY OR TOWN | COUNTY STATE |
| ATTENDI Spitol or CTOR: A of for use | sow the deceased live on obove (1) we (did) (did no | ital) attended the deceased from | 8/21/66 19 66 36 , and that in (my) (our) opinion | | |
| ITAL OR NY the hor RAL DIRE detoche flote Dep | 226. SIGNATURE | c Milly N | | MEDICAL STAFF DIRECTOR PHYSICIAN | 220 DATE SIGNED |
| To FLVN | Patrick C. | Malley MD | | Repkins Hospill | of Be thouse MD |
| 974999 | 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | Sept 4. 1986 Ki | te City Cemetery | 23d LOCATION CITY OF TOWN Kite Geore | gia |
| DHMH 16/60M 7/84 (VRA 15, 4) | 24 FUNERAL DIRECTOR Dippe 7110 Belair Road | Baltimore Mary | Inc. | FP3 1986 | REGISTRAR'S SIGNATURE |

AND AND WINE

24 40

MEE

| 00-18206 | i - | tem 8,13e film STATE REGISTRAR | G624 2-5-87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 5 0 2 2 CERTIFICATE OF DEATH |
|--|------------------|---|--|
| Page 4 may be described as a second of the s | ≠ SE | RTHPLACE LISTATE OFFICIENCY | B DATE OF DEATH MONTH DAY TEAR TO HOUR THAT TO UNIVERSAME. 1. RACE B S. DATE OF BIRTH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BIRTH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BIRTH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BIRTH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF WHAT COUNTRY? I S. DATE OF BEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BIRTH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF BEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH MONTH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1. RACE B S. DATE OF DEATH DAY TEAR OF UNIVERSAME. 1 |
| hours offer death | 10. C | TY OR TOWN OF DEATH | MARRIED NEVER MARRIED DIVORCED MD. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INTO OR OTHER INSTITUTION OF THE INSTITUTION |
| E, MARYLAND outed within 24 line disc should | 0 | THERS NAME SASS VAS DECEASED EVER IN U.S. A | Bettimene VESTE NO 33/3 Hoplan St. 4-4-6 15. MOTHER'S MADEN NAME WIDTHE SMITH |
| W. PRESTON ST., BALTIMORE of the death certificate be executly the attending physican and or the manager. Popel certification, or removal. | | IN CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | 705-09-5245 Fannie Loye 838 Chapel Gate Lune |
| es the | IFICATION | gove the to immediate couse (a), stating the underlying couse last. | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO FALLULY: DIADLES |
| DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Witer this certificate has been signs the burial-transit permit. Ther th and Mental Hygiene prior to be acked at Item 18 shows any injur | MEDICAL CERTIFIC | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED | |
| 1 OR ATTENDI the hospital or 1 DIRECTOR: A stocked for use e Dept. of Heal | | saw the deceased alive a | pital) attended the deceased from |
| TO HOSPITA TO FUNERA Should be de with the Stat | 23a. (| Ronald J SURIAL, CREMATION, REMOVA | Haberman, M.D. 64034 Apollo Dr. Baltinore, MD 21209 AL 236 DATE 236, NAME OF CEMETERY OF CREMATORY PAGE 100 ATTOM. |
| DHMH - 16 50M 4/B3 (VRA 15, 4) | 24 F | INERAL DIRECTOR OFFI MILLER F | Funeral Services 4611 Park Hyts SEP 18 1986 |

(VRA 15, 4)

| 0-17714 | 1. | FOR STATE REGISTRAR | DEPARTI | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO | 2 | 5 |) 2 4 |
|---|---------------|--|---|--|---------------------------------|---------------------------|-------------------------|-----------------------|
| noy be poge 3 or death | | CEASED NAME FIRST | Deborah | COAD | 20. DATE OF DEATH | MONTH DA | YEAR 86 | 26. HOUR |
| Poge 4 moy I director, pog | 3. SE | | 4 RACE | S. DATE OF BIRTH MONTH DAY YEAR 7 2 56 | 6. AGE (IN YEARS LAST BIRT | (HDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| deoth. Pour | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OF | R COUNTY O | FDEATH | MD. |
| rs ofter o | 10 E | ALTIMORE | SINA HOSPITAL | | TYPE OF WORK FOR MOST OF | | 12b. KIND O INDUSTRY | F BUSINESS OR |
| n 24 hou | M | irland 186. cour | OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Baldin | N 13d. INSIDE CITY LIMITS? | | 0000 | npt. | ZA. 21218 |
| ted within | > | John | MIDDLE Coad | 15. MOTHER'S MAIDEN NAMED FIRST | MIDDLE | | DUI | ncan |
| be execu on ond s. Poger | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL SECULAR OR DATES) | John Audr | ey Coad 90 | | aian | |
| equires that the death certificate to signed by the attending physicio. Then please remove corbangopers to burial, cremation, or removal. injury, or other traumotic event, the | 7 | Conditions, if ony, which gave rise to immediate couse 101, stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | ENCE OF PREMATURITY | INAL DISEASE OR COND | DITION GIVEN | IN PART TO | 1 |
| he low ri on. hos bee permit. ene prior | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, VIN CERTIFYII | NG CAUSES | IGS USED OF DEATH? |
| PHYSICIAN: The anding physico this certificate to buiolitronsit d Mental Hygie d or item 18 sho | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEL THE EITHER, MOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED | HOUR A.M. MONTH D. | 19 21f. LOCATION | RED (ENTER NATURE OF INJUR | | OR PART 2) | STATE |
| ATTENDING P hospital or offer RECTOR: After it ed for use as the pt, of Health and em 21 is marked | 4 | sow the deceased alive on | tol) attended the deceased from_ | 86, and that in (my) (our) opinion of | to 113 death occurred on the do | , 19 | | |
| I.AL OR A J by the hos NERAL DIREC be deteched e State Dept TANT: If them | | Carole Sulotion 27d. Physician's NAME ITYPE | 4 MD | ATTENDING PHYSICIAN [| MEDICAL STAF DIRECTOR PHYSIC | IAN 🔽 | 913 | 5/86 E, MD 2/21 |
| should by with the | 22 5 | CARDLE SI | ВОПСН | SINAL HOSPIT | AL ; BELVEDE | | | |

SUBOTICH SINAL HOSPITAL-, BELVEDEZE : GREENSPRING 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Anne Arundel 23c. NAME OF CEMETERY OR CREMATORY Maryland 9/11/86 Cedar Hill Burial
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wm. C. March F/H Inc. 1101 Easts North Avenue

9/3/86 BALTIMORE, MD 2115

00-17711

rnatur

| RESTON ST., BALTIMORE, MARYLAND 2 e death certificance executed within 24 h contending physic in and conjurity filling more contourable of conjurity filling | FECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2 Town requires that the death certificate be executed within 24 h thin signed by the otherding physic of and conjustery filled Brica to burst committee corbosopers. | DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201 HOSPITAL OF ATTENDENCE PHYSICIAN: The low requires that the death certificate be securited within 24 hours of the death. Prestone by the hospital or attending physician. FUNERAL DIRECTOR, After this certificate has been somed by the chanding physic or and conditions his by the 1-qual of vide betacked to use on the buildstronm permit from please entobaspones corbonapped. The permit of the 1-qual of th | 1201 | 1 Van our death | of the part of the |
|--|---|--|--------------------|--|--|
| RESTON ST. BALTIM c death certificate to certainly physical more corbonapperior | FECORDS, 201 W, PRESTON ST., BALTIM Town requires that the death certificate the them is and by the attending physical than please remove corbogages. | DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM NO. PHYSICIAN: The low requires that the death certification of the the certificate has been signed by the otherding physician the the buildstraint permit. Then please remove corboxagogests the and Manted Hydrane princit to buried committed to removal. | ORE, MARYLAND 2 | A 75 - 14 - 17 - 17 - 17 - 17 - 17 - 17 - 17 | A Color tilled |
| | ECORDS, 201 W. P fow requires that the charm signed by the remail. Then piscone re- | DIVISION OF VITAL RECORDS, 201 W, P NG PHYSICIAN. The low requires that the after this certificate that been signed by the ost the burdal-framit permit. Then please in the and Mantial Hydrane princit objects. | RESTON ST., BALTIN | a death certificate | r ottending physical move corbompopera official or removal |

00-18655

FOR

REGISTRAR

BIRTHPLACE ISTATE OF FOREIGN

I CITY OR TOWN OF DEATH

130 STATE

William

4 RACE

MIDDLE

1. DECEASED NAME

Maryland

Baltimore

Maryland FATHER'S NAME

Not Known

- STATE

TYPE OR PRINTS

1 SEX

Male

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2a DATE OF DEATH MONTH DAY YEAR 26 HOUR 13 1986 Cochran 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 9 White 8 15 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED U.S.A. DIVORCED T Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Liquor Store Francis Scott Key Medical Center Proprietor NO TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES | NO J 309 Wise Ave. 21222 Baltimore Dundalk 15 MOTHER'S MAIDEN NAME LAST FIRST Cochran Grace Not Known ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 213-07-7170 Shirley F. Cochran same 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Massive Heart Attack Cardiac Arrest 38s AUTOPSY? 10h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [7] THE HOW INJURY OCCURRED. (ENTER NATURE OF PRINTS IN THEM IS ARREST OF PARTY) P.M 10 THE LOCATION CIEX DE 10WH COUNTS 55418 SHEET 19_____that (h (we) last and that in (my) (our) opinion death occurred on the date and hour and from the counts stated DEGREE 2N. DATE SIGNED ATTENDING MEDICAL STAFF mD 72e ADDRESS

HE YES, GIVE WAR OR DATES! IYES NO OR UNKNOWN No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICAT 19s DATE OF OPERATION 18), CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING. THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING TO CAUSE OF DEATH LIFERHER, MOTHY MEDICAL EXAMINERS 21d. INJURY OCCURRED THE PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) AL MOST ALL 27x I certify that (II (the hospital) attended the deceased (fillwe) (did) (did 27 PHASICIAN'S NAME CIVILDE PRINTS 21204 73s BURIAL CREMATION REMOVAL 73c NAME OF CEMETERY OR CREMATORY CORCAY CITY OF TOWN Burial 9-17-86 BelAir Memorial Bel Air Harford Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE SFP 1 SOMEON TO Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

ORT

| 17105 | 1 | FOR - STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. | 251 |) 2 6 |
|--|---------------|---|-------------------------|--|-------------------------|--|--|--------------------|----------------------------------|
| -17425 | | ECEASED NAME ERNT | EST | MIDDLE | | AST | 28. DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| ge 3 eoth | 1 | KKI | MEE ENE | ÉNÉRST COI | | OFIELD | SEPTEMBER 5 | .1986 | 6:07ar |
| moy b | 3. 5 | | 4. RACE | | 5. DATE O | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| s of | 1 | M | В | | MONTH 7 | 18 TO | 76 YRS | MONTHS DAYS | HOURS MIN. |
| Poor Poor | 7a. | BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN O | F WHAT COUNTRY? | 8 | | 9. BALTIMORE CITY OR COUN | | |
| oth 72 | 5 | country] | U. | s.a. | WIDOWE | D NEVER MARRIED | Baltimore, Ci | t.v | |
| de state | 10. | CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME | OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | 12b, KIND O | F BUSINESS OR |
| by the | | Baltimore | Chur | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Home | | | Construction | (LIFE) INDUSTRY | |
| filled in | 13a | UAL RESIDENCE (IF NURSING HON STATE 136. CO aryland | NE OR OTHER INSTITUTION | Baltimo | /N | 134. INSIDE CITY LIMITS? | 814 North Cha | pel Stre | et 21205 |
| the state of the s | 14. | FATHER'S NAME | MIDDLE | 1457 | | 15. MOTHER'S MAIDEN NA | ME | | |
| p ide | | James | WIDDLE | Colf | ield | Carrie | WIDDLE | Sum | merville |
| to Control | 160. | WAS DECEASED EVER IN U.S | | 16b. SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | |
| S. Pog | | yes (IF YES | S. GIVE WAR OR DATES) | 21209069 | 8 | Ellen Robin | son 814 North C | | |
| ysici oper vol. | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | r only one couse p | er line for (o), (b), on | d (c).) | | | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH |
| a ph on p emo | | | DIATE CAUSE (0) | CARD | IAC : | ARREST | | 30 | o min. |
| th ce corb or r | | | DUE TO. | OR AS A CONSEQUI | ENCE OF | | | | |
| deoth ottendi ove co tion, o | | Conditions, if ony, which | (41) | CONG | ESTI | VE HEART FA | ILURE | 3 | DAYS |
| by the ose remo | | gove rise to immediate couse (a), stating the underlying couse lost | | OR AS A CONSEQUI | ENCE OF | | | | |
| ned ple | | PART 2 OTHER SIGNIFICAL | | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION (| IVEN IN PART LIS | |
| sig Then To b | N O | HISTO | JULIA IN FART TIE | | | | | | |
| beer mit. | 7 8 | 19a DATE OF OPERATION | | | OPERATION WAS PERFORMED | | 20a AUTOPSY? 20b. IF Y | ES, WERE FINDIN | IGS USED |
| hos per lo | 1 🖺 | | - Total | | | | | TIFYING CAUSES | OF DEATH? |
| hysicio icote ronsit Hygie | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | | OF INJURY | | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM I | | 140 |
| phys phys phys miffico m 18 | | OR CONTRIBUTING _ CAUSE OF | DUNITI | A.M. MONTH D | | | , containing the state of the s | | |
| HYSIC Institution Menricon He | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAM | | P.M. E OF INJURY | 19 | 21f LOCATION | | | |
| AG PH offer the os the b h ond | ME | WHILE NOT WHILE AT WORK | (AT HOME S | TREET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | CITY OR TOWN | COUNTY | STATE |
| ND II or II | | 22a. I certify that (I) this ha | ospital) attended | the deceased from_ | | | toSEPT5 | . 19_86 | that (I) we) ast |
| Spirto CTO for of h | 10 | sow the deceased glive obove, (I (we) (did)) did | not) view the boo | • D 19_ | 80 , or | nd that in (my) our opinion of | death occurred on the date and h | our and from the | couses stated |
| DR A hour hour shed sept | | 22b. SIGNATURE | 3 1 | | | DEGREE | | 22c DATE | SIGNED |
| The Date Date Date Date Date Date Date Dat | | hote 1 | see ly | | 100 | ATTENDING PHYSICIAN | MEDICAL STAFF | 19/5 | 100 |
| HOSPITA ined by FUNERA uld be d | 7 | 224 PHYSICIAN'S NAME (T | | | | | CH HOSPITAL C | ORPORAT | TON |
| | | SORMA | K GORML | EY, M.D. | | | ROADWAY, BALTI | | |
| 0 g C g x x + | 23a | BURIAL, CREMATION, REMOV | AL 23b. DATE | 236 1 | AME OF C | EMETERY OR CREMATORY | 123d LOCATION | | |
| RP | | Burial | | 100 | | son Forest | CITY OR TOWN | COUNTY | STATE |
| 01 | 24 | FUNERAL DIRECTOR | 319 | 700 | agr I T | 25m DAT | Owings Mills | STRAP'S SIGNLAN | Maryland |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | Wm.C. March F/ | 'H Inc. 1 | 101 East | North | | 9 1986 | eviden-ho | TOO TO |

STATE OF MARYLAND

12:31-00 HAM STEELEN BURNESS S MILE ELL FINDEC BUY SECURES 1652 THE PRISERIES THEN SUB PROLINGE - X SUB A CALHOUN ST Elizabeth Bayan 145 THE SHEET OF THE STATES OF THE SECONDARY SEE Peterbly seemb they want in all mouth Radiowhiter : Protest roles was 1 cotto 20 dia 10 dise 25 1940 W. BALTIFICKE ST BALTO L PELTEM THE STREET STREET IN THE ONLY OF THE PROPERTY CANSES The state of the same of the s

00-17621 1- FOR STATE REGISTRAR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF CERTIFICATE OF DEATH

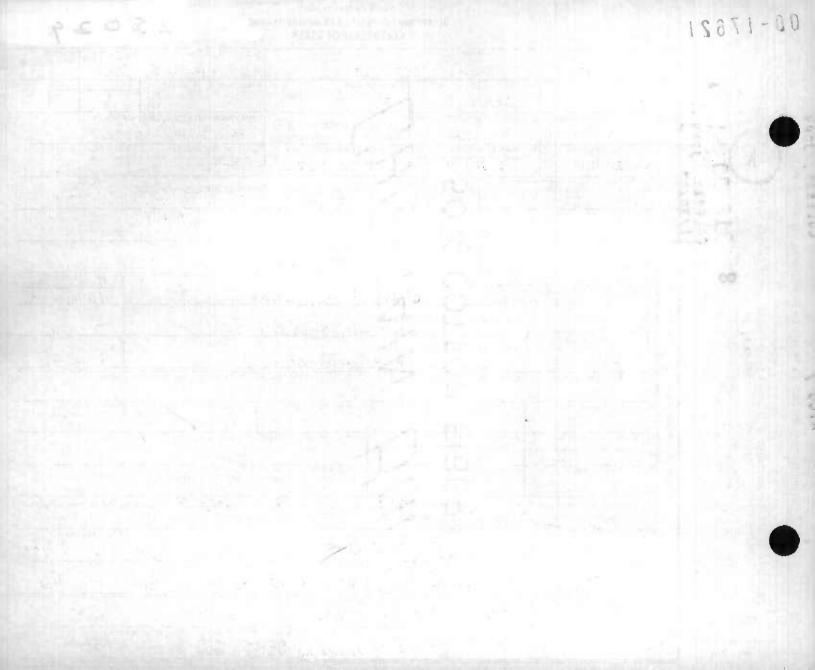
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| - 1 | | | | | | | KEG. NO | | | | | | |
|-----|---------------|--|---------------------------------|---|---------------|------------------------------|---|----------------------|--------------------|--|--|--|--|
| | | CEASED NAME FIRST | , | MIDDLE | ı | AST | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR | | | | | | |
| | (| JOHN | | M. C | OLEM | AN | SEPTEMBER 7 | , 1986 | 1:094 | | | | |
| | 3. SEX | | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | | | | | |
| 2 | Ma | le | Black | 2 | 11 | 30° 07° | 78 yr: | MONTHS DAYS | HOURS MIN. | | | | |
| 3 | | CTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | 8. | DE NEVER MARRIED | 9 BALTIMORE CITY OR COUN | | | | | | |
| | | VA | | USA | WIDOWE | DIVORCED | BALTIMORE CITY MD. | | | | | | |
| , | | SALTIMORE | THE J | HOSPITAL, NURSIN HEACIETY, GIVE STREET OHNS HO | ADDRESS) PKIN | S HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Laborer | G (IFE) 12b. KIND (| OF BUSINESS OR | | | | |
| 200 | 13e. S | LERSIDENCE (IF NURSING HOME OF TATE 13b. COU | | GIVE RESIDENCE BEFORE 1131. CITY OR TOW Baltimo: | N | 134. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 511 N. Maderia St. 21205 | | | | | | |
| 7 | 14 FA | THER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | | | | | | | |
| | | Harris | | leman | | Vinnie | MIDDLE | Brown | 51 | | | | |
| | | /AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES, G | RMED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17. INFORMANT | ADDRESS | | | | | | |
| | (1) | Yes | VE WAR OR DATES | | | Millie Carr | Rt. 2 Box 82 Ha | alifax, | Va. | | | | |
| | | 18. CAUSE OF DEATH (Enter of | nly ane cause per | line far (0), (b), an | d IC1.1 | | | APPRO | KIMATE INTERVAL | | | | |
| | | PART I. DEATH WAS CAUS | ED BY: TE CAUSE (a) | | adio- | nulmonery arre | at | 10 minutes | | | | | |
| | | invice. | | R AS A CONSEQUE | NCE OF | | | 1 | | | | | |
| | | Conditions, if any, which | ((b) | | acter | iel sensis | | 5 | dans | | | | |
| | | gave rise to immediate couse (0), stating the | | R AS A CONSEQUE | | | | | | | | | |
| 1 | | underlying cause last. | 150 | K AS A CONSEQUE | | 1 | year | | | | | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI | | | | | | | | | |
| | 0 | and the same | | | | | | | | | | | |
| 200 | CAT | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | YES, WERE FIND | | | | | |
| 1 | CERTIFICATION | | | | | | YES NO | YES | NO [] | | | | |
| | | 210. ACCIDENT WAS UNDERLYING | 216. TIME O | FINJURY M. MONTH DA | AV YEAR | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART T OR PART 2) | | | | | |
| 4 | CAL | OR CONTRIBUTING CAUSE OF DI | AIR | M. | 19 | | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | ADAL ETC. | 211 LOCATION STREET | CITY OR FOWN | COUNTY | STATE | | | | |
| | Σ | AT WORK NOT WHILE AT WORK | (AI HOME, SIE | REEL, PACIONI, OFFICE, P | ARM, ETC.) | | | | | | | | |
| | | 22a I certify that (I) (this hasp | ital) attended th | e deceased from = | Sept | 7 19 86 | to Sept 7 | 19.56 | tha (ii) (ye) last | | | | |
| | | saw the deceased glive a above (1) (we) (did) (did) | 5 e p f | ofter death | 86_,01 | nd that in my foot apinian o | death accurred an the date and | haur and fram the | causes stated | | | | |
| | | 226. SIGNATURE | . 1 | 1 | | DEGREE | | 22c. DATI | SIGNED | | | | |
| | ٩. | Pula | Il the | Earl | | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 1 541 | - 1, 1986 | | | | |
| | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 1 | 16 000 | | 1205 | | | | | | |
| | | Kober | + 5+1 | umps | | 600 /1. Wa | doe Street B | altemon | e, MD | | | | |
| | 23a. B | URIAL, CREMATION, REMOVA SPECBULIAL | | | | EMETERY OR CREMATORY | 23d LOCATION Halifax | COUNTY | VA STATE | | | | |
| | | Durial | 9/13/86 Church Cemetery Halifax | | | | | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. "C'. March F/H 1101 E. North Avenue



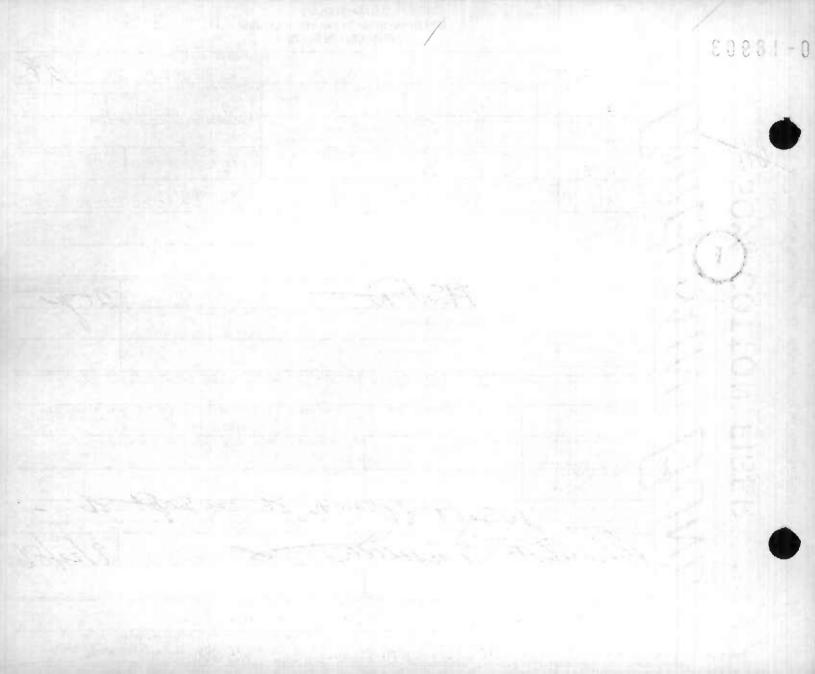
00-19757 ST 1591,52.vol .auru eleonary ila gamilaces en Bacad termination Internal x mondal adia troubne (ulla)

Surface of the moment and the manuface and the Kentuary lowing runerel bervice Pencon, Ed. M. Indiana & Mart

| 00 1000 | | FOR | DEE | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY | CIENE 8 6 | 25031 |
|---|---------------|--|--|---|---|---|
| 00-19831 | 1. | STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| os 3 os 3 | | OR PRINT) | MIDDLE / NIPS/P. | 1 Conion | | ONTH DAY YEAR 26 HOUR 9 28 86 19 9 P M |
| ige 4 may be rector, page 3 are ofter death | 3. SE | Male | RACE Black | 5. DATE OF BIRTH MONTH DAY YEAR 100 21/1 | 6. AGE (IN YEARS LAST BIRTHI | DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| once. | | RTHPLACE (STATE OR FOREIGN 7 | b. CITIZEN OF WHAT COUN | ATRY? 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH |
| the fund within | 10 6 | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATIO (TV) OF WORK FOR MOST OF) | |
| > 0 0 | USU 13a | AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT | THER INSTITUTION GIVE RESIDENCE TY 134 CITY OF | BEFORE ADMISSION 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 2 | ZIP.CODE 2/229 |
| BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and compared files intopers. Pages on 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 14. F/ | MAME THER'S NAME ARTHUR FIRST M | I Balt | TOTO YES NO [] 15. MOTHER'S MAIDEN NA | 317 N. | Denison Street |
| RE, MAI | 160 | VAS DECEASED EVER IN U.S. ARM | Cor | SECURITY NO. 17 INFORMANT | ADDRES | Alston |
| ton ond c | (| NO | WAR OR DATES) 219- | 30-6209 Harriett A | · Conion 3 | 317 N. Denison St |
| | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | y one couse per line for (0), () BY: CAUSE (0) Seps | b), ond (c).) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| RESTON : death ce attending nove carb ofton, or r | | Conditions, if ony, which | DUE TO, OR AS A CON | / | 20/0 | |
| that the capter of by the above remote rother from | | gove rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CON | | Luce | |
| RDS, 201 requires the signed Then plec | Z | PART 2. OTHER SIGNIFICANT CO | 107 | G TO DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDI | TION GIVEN IN PART 1(0) |
| L RECO | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR W | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| SION OF VITA PHYSICIAN: The anding physicion this certificate the buriol-tronsit and Mental Hygie do r fem 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH | 1 DAY YEAR 19 | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PART 2) |
| DIVISION DING PHYS or ottending After this or the bur olth and Me marked or it | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| TENDI TOR: A or use or use | | 220 I certify that (I) this haspite sow the descensed alive on | 0928 | | to 09 28 | , 19 6, that (I) we lost and hour and from the causes stated |
| the hospital to the hospital | | above, (IV/we) (did) (did not) 22b. SIGNATURE | TI | DEGREE ATTENDING | relent STAFF | 22c. DATE SIGNED |
| TO HOSPITAL retolined by th TO FUNERAL should be det with the Store | 8 | 22d. PHYSICIAN'S NAME (TYPE OR | PRINT) | PHYSICIAN [| DIRECTOR PHYSICIA | Ball nas |
| TO HOSI retained TO FUN should b with the | | URIAL, CREMATION, REMOVAL | TKACZU 1236. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | e 1001t, 100.21229 |
| BP | | "Burial | 10/2/86 | Arbutus Mem. Pk. | Arbutus | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 24 F | Wm C March F/H | West 4300 ADD | Wabash Ave. | LE LE SE | AND THE STATURE |

| الله الله | 18272 | 1 - | FOR STATE REGISTRAR | | | DEPARTM | NENT OF H | OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH | IENE 6 2 | 5 0 | 3 2 | | |
|---------------------------------------|--|--------------------|--|--|-------------------|--|------------------|--|--|--------------------------------------|--------------------------------------|--|--|
| | | | CEASED NAME | FIRST | MIDDLE | | | ST | 20. DATE OF DEATH MONTH | 2b. HOUR P | | | |
| | poge 3 | (IIII) | | ONAL | D : | | CC | NSTAM | SEPTEMBER 12 | , 1986 | 5:50 m | | |
| | fer d | 3. SEX | | | 4 RACE | | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAY | | | |
| | ecto rs of | , I | MALE | | WHITE | | NOV | $. 20^{\text{PAY}} 1927^{\text{EAR}}$ | 58 YRS. | Mile. | | | |
| d | 22/ | | CTHPLACE (STATE OR FO | DREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD. | | | | |
| | | M | ARYLAND | | USA | | WIDOWE | | | | | | |
| 560° | by the fu | - | ALTIMORE | | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | PITAL | INVESTMENT COUL | | OF BUSINESS OR FINANCE | | |
| AND 212 | filled in | USU/ 13a S M | ARYLAND | NG HOME OR 13b. COUN | OTHER INSTITUTION | GIVE RESIDENCE BEFORE 131. CITY OR TOWN BALTIMOR | ADMISSION) | 134. INSIDE CITY LIMITS? | 132 STREET ADDRESS ZIP COL | E #2 | 1217 | | |
| RYL | | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | | LAST | | |
| WA | 2 6 | | MILTON | | M. | CONSTAM | | JEANNET | IE LOWEN | ΓHAL | , co | | |
| IMORE, | | 160 V | AS DECEASED EVER I | WWI | MED FORCES? | 216-24- | | 2305 FARRING | ON M. CONSTANDON RD. BALTO. | , MD | 21209 | | |
| W. PRESTON ST., BALTIMORE, MARYLAND 2 | ndin bysicia corbon popers of removal. | 000 | | PART I. DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| ESTO | | | Conditions, if ony, | which | ((b)_ | RESPIRA | TORY | FAILURE | | 5 | days | | |
| I W. PR | | | gave rise to imm cause (a), stating underlying cause | the the | DUE TO, O | RAS A CONSEQUE | NCE OF | LEURAL EFF | FUSION | 3 | weeks | | |
| RDS, 20 | in signed Then ple | NOI | PART 2. OTHER SIGN | IVEN IN PART | Ì(o | | | | | | | | |
| DIVISION OF VITAL RECORDS, | te hos been sit permit. | CERTIFICATION | 190 DATE OF OPERAT | ION | 19b. COND | TION FOR WHICH | OPERATIO | WAS PERFORMED | IN CERT | ES, WERE FIND IFYING CAUSI IES | DINGS USED ES OF DEATH? | | |
| OF VIT | og physici riol-tronsi entol Hyg Item 18 sh | | 210. ACCIDENT WAS UNDO | AUSE OF DEA | | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2 | | | |
| VISION | ortending ortending or this or ond Me | MEDICAL | 21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | LE [| 21e PLACE | OF INJURY SEET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| | pital or TOR: Affor use o of Health | | 22a I certify that (I) saw the decease above, (I) (we) | d alive on | SEPTEM | BER 12, 19.8 | ALGU 6 on | d that in (my) our opinion | to SEPTEMBEX 12, death occurred on the date and ha | 19 <u>86</u> our and from th | that (I) we lost he causes stated | | |
| | | | 226. SIGNATURE | MAS ME (TYPE O | Adam RPRINT) | s Corso | nM. | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | Sept. | te signed Ember 12,198 | | |
| | retoined by to TO FUNERAL should be det with the Store | 22. 0 | THOMAS URIAL, CREMATION, F | ADA | MS CO | RSON, N | LAWS OF S | | KINS HOSPITAL, | BALTIM | DRE, MARYLA | | |
| | BP | 230. 6 | SPECIFY) BURIA | | SEPT.1 | | | | CITY OR TOWN | COUNTY | STATE | | |
| | E | 24 FL | INERAL DIRECTOSO | | INSON 8 | BROS INC | ALIIM | ORE HEBREW 250. DAT | BALTIMORE E REC'D. BY REGISTRAR 256. REGIS | TRAR'S SIGN | ATURE | | |
| D | HMH - 16 60M 7/84 (VRA 15, 4) | | 010 REISTE | | | BALTO. MD | | | 1 7 1086 | 44 | i. | | |

| 18003 | 1 | FOR STATE REGISTRAR | | DEPARTMENT OF | E OF MARYLAND LEALTH AND MENTAL CICATE OF DEATH | HYGIENE 6 | 25033 |
|--|---------------|--|----------------------------|--|---|---|--|
| 3 % £ | | ECEASED NAME FIRST SAMUEL | MIDDLE S. | | NWAY | 20. DATE OF DEATH SEPTEMBE | 1025 |
| moy be poge | 3 SE | | 4. RACE | S. DATE (| | 6. AGE (IN YEARS LAST BIR | |
| ge 4 ector, rs oft | | Male | Black | nonti 12 | 2 12 057 | 78 | YRS. MONTHS DAYS HOURS MIN |
| Sorth. Po | en. | MRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land | U.S.A. | COUNTRY? 8. MARRIE | D NEVER MARRIED | DALTIMODE | CITY, |
| by the filled with | 10 0 | BALTIMORE | (IF NOT IN SUCH FACILIT | AL, NURSING HOME (Y, GIVE STREET ADDRESS) STER AVENUE | OR OTHER INSTITUTION | 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST ON A | ON 126. KIND OF BUSINESS O |
| filled in ourld be f | 130. | VAL RESIDENCE (IF NURSING HOME STATE 136 COL | JNTY 13c. CI | TY OR TOWN T imore | 13d. INSIDE CITY LIMIT | s? 13. STREET ADDRESS / | ZIP CODE Stomac Street 21213 |
| ed within | IA.F | ATHER'S NAME Benjamin | MIDDLE | nway | 15. MOTHER'S MAIDEN | MIDDLE | LAST |
| xecut | 16a. | WAS DECEASED EVER IN U.S. A | SIVE WAR OR DATEST | OCIAL SECURITY NO. | 17 INFORMANT | ADDRE | |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | | 9-01-7239A | Doris Conv | way 1513 N. F | Potomac Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| he low requires that the decorps has been signed by the other permit. Then please remove nee prior to burial, cremation was any injury, or ather troun | CERTIFICATION | gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION | (c)CONTRIB | CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO | | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| hysicic reansitr Hygir 18 sho | 4 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | 21b. TIME OF INJUI | RY ONTH DAY YEAR | 21¢ HOW INJURY OC | CURRED (ENTER NATURE OF INJUI | YES NO RY IN ITEM T8 PART T OR PART 2) |
| DING PHYSICIA or attending pl After this certif e as the burial-tolls of the and Mental marked at Item | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | P.M. 21e. PLACE OF INJU | URY FORY, OFFICE, FARM, ETC. | 211 LOCATION STREET | CITY OF TO | WN COUNTY STATE |
| HOSPITAL OR ATTEN bined by the hospital FUNERAL DIRECTOR, ould be detached for us the Store Dept. of the PORTANT: If them 21 is | - | 27a I certify that (I) (this has sow the deceased alive a above. If the transit (did a source) and (did a so | The body of de | 19,86. or | DEGREE | nion death occurred an the do | |
| BP | | BURIAL, CREMATION, REMOVA (SPECIE) CREMATION | 9/23/86 | | emetery or cremato ount Cemeter | ry Baltimore | |
| DHMH - 16 60M 7/84 | | uneral Director | mes 1101 F | ADDRESS ast North | | | 25b. REGISTRAR'S SIGNATURE |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. 20. DATE OF DEATH DECEASED NAME TYPE OR PRINT! OPE 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR aucasian To BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Tax Specialist Saltmone anter Government SUAL RESIDENCE OF NURSEHO OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS In STATE 13r. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY HAITS? 20901 : IVET NO M Lang Lew Montaameri FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST WEDGE LAST MIDDLE FIRST William Francis Eva Cooper 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS HEYES, GIVE WAR OR DATEST ww yes Wife Same as 13 Virginia S. Cooper APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Acute Myfloblastic Canditians, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE the AT HOME, STREET, FACTORY, OFFICE, FARM ETC] NOT WHILE 220.1 certify that (1) (this hospital) offended the deceased from saw the deceased alive an _, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould be IMPORT, Balto, 0 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Mt. Hebron Cemetery Winchester 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/R4 500 University Blud. W. Silver Spring. Md (VRA 15, 4)

Times and the control of the control

500 University lifted at Siever Swing, Md. 1815 2 3 1988

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| + | | | | STATE OF MARYLAND | 2 6 9 2 | | | | | |
|--|---------------|--|--|------------------------------------|---|---|--|--|--|--|
| 00 10001 | 1. | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | | | | |
| 00-19731 | , | REGISTRAR | | CERTIFICATE OF DEATH | 214 024 | | | | | |
| | 1. DE | CEASED NAME /FIRST | MIDDLE | LAST | REG. NO. 2a. DATE OF DEATH MONTH DA | AY YEAR 2b. HOUR | | | | |
| Φ ω € | | OR PRINT) | PH T. CO. | K-046 8- | | 18. 1100K | | | | |
| ay be oge 3 deoth | | | | RONADO | 09-2 | 2-86 GOI AM | | | | |
| a de la de l | 3. SE | × 14 | 4. RACE | 5. DATE OF BIRTH | | FUNDER I YEAR IF UNDER 24 HRS | | | | |
| s of | | /*1 | Caucasian | MONTH DAY YEAR | 28 | ONTHS DAYS HOURS MIN, | | | | |
| Poget Poget | 7a. B | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 1 | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| 250 7 | -4 | COLINTO CILIANO | II S A | MARRIED NEVER MARRIED | ED | | | | | |
| death. | 1 | MARYLAND | 0.3-A. | WIDOWED DIVORCED | BALTIM | TIMORE MD. | | | | |
| Yes we see | 10 C | TY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET) | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR | | | | |
| 5 W | IE | ALTIMORE | Unix - MD | Hospital | TYPE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY CO | | | | |
| 2 | JUSU. | AL RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION DIVE RESIDENCE BEFORE | | production of the state of the | 1 60% CO | | | | |
| 100 | 130. | STATE 13b COUN | 13 CITY OR TOW | N 113d. INSIDE CAY LIMITS? | 13e STREET ADDRESS / ZIP CODE | P | | | | |
| A S S | | NI) (| BALTIMO | | 3926 8th 5x | BHLT 21225 | | | | |
| KX | 14. F/ | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | | | | | | |
| WA TO THE TOTAL TO | | JOSE I C | DRONADO | CAMIL | A MIDDLE | BARCC | | | | |
| 3 2 3 | 16a. V | VAS DECEASED EVER IN U.S. AR | | RITY NO. 17 INFORMANT | ADDRESS | 27149 | | | | |
| MORE e exect | 1 | | E WAR OR DATES) | 1.1 010 | 1 . 0 | 21224 | | | | |
| S. Po on S. | | 100 | 213-42 | - 204 3 MM. Cathe | rune N. Coronado-3 | 809 Mt. Ruessent | | | | |
| BAL ate ate per ol. | | 18 CAUSE OF DEATH (Enter on | ly one cause per line far (a), (b), and | dice.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| T., I | | PART I. DEATH WAS CAUSE | ECAUSE (0) CARDI | OUENIC SHOC | K | 3 hrs | | | | |
| NS Cerrena Cer | | IMMEDIAI | E CAUSE (0) | | | | | | | |
| PRESTON he death c ne ottendir emove codir matian, or r troumatier | | Committee of the commit | DUE TO, OR AS A CONSEQUE | | c b'can | C-1 | | | | |
| RES of oth nove | - | Conditions, if any, which gove rise to immediate | (b) // YOC | andial Intanc | 1107 | 8 a vego | | | | |
| | | couse (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | |
| thot thot d by the ease of creater in other | | underlying couse lost. | (c) | | | | | | | |
| 20 res 1 | | PART 2 OTHER SIGNIFICANT O | | DEATH BUT NOT RELATED TO THE TERM | IN AL DISEASE OF CONDITION CIVE | ALINI DADZ 1 | | | | |
| RDS, | Z | | nan | 0 | MAL DISEASE OR CONDITION GIVE | VIN PARE IIO | | | | |
| 0 2 5 5 | Ē | 190 DATE OF OPERATION | 19h CONDITION FOR WHICH | OPERATION WAS PERFORMED | Too ANTONOMO TOOL AS MEDI | | | | | |
| REC. | CERTIFICATION | A. A | 178 CONDITION FOR WHICH | h A | 20g AUTOPSY? 20b. IF YES, IN CERTIFY | WERE FINDINGS USED ING CAUSES OF DEATH? | | | | |
| A house of | E E | NA | | IVA | YES NO YES | □ NO □ | | | | |
| > z z z z z z z z z z z z z z z z z z z | Ü | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY HOUR A.M. MONTH DA | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM IS PAR | T I OR PART 2) | | | | |
| ON OF IYSICIA ding ph ding ph socriff Mental | AL | OR CONTRIBUTING CAUSE OF BE | T | | MA | | | | | |
| HYS Inding | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | | | | | |
| 71SI The the the and and ed c | X | WHILE NOT WHILE THE | TAT HOME, STREET, FACTORY, OFFICE, FA | ARM ECT STREET | A/A CITY OR TOWN | COUNTY | | | | |
| DIVIS P or other the as the alith and morked | | AT WORK AT WORK | | | 1011 | | | | | |
| | | | tol) ottended the deceosed from_ | 20 540 19 51 | e, to 22 Styp, 19 | , that (I) (we) lost | | | | |
| TTEN pital TTOR for us of He | | sow the deceased plive on above, (1) (we) (did) (did no | 22560 195 | , and that In (my) (our) opinion o | death occurred on the date and hour o | and from the couses stated | | | | |
| Or AI bolker bept. f Hem | 1111 | 22b. SIGNATURE | A / | DEGREE | | 22c. DATE SIGNED | | | | |
| | | Kathrem 7 | Am75 | MA ATTENDING | MEDICAL STAFF | 10/2-101 | | | | |
| HOSPITAL med by the FUNERAL UID be derivable State ORTANT: | | 22d. PHYSICIAN'S NAME (TYPE OF | | PHYSICIAN [| DIRECTOR PHYSICIAN | 19/22/86 | | | | |
| ON RIA | | 228. PHI SICIAN SNAME (TYPE OF | | 27e ADDRESS | | | | | | |
| 0 0 0 0 0 | | KATOKYM | L SMITT | + 225 G-re | ene Street \$ | edtimere MD | | | | |
| of par S | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE 23c N | AME OF CEMETERY OR CREMATORY | 123d. LOCATION | | | | | |
| BP | - (| BURIAL SPECIFY) | 1 50 S | NATIONAL MEM. PK | CITY OR TOWN | COUNTY STATE | | | | |
| 01 | | NETAL DIRACTOR | 7 73-00 11/1 | | 10/07/ | | | | | |
| DHMH - 16 60M 7/84 | W | mund of on | TOOL A ADDRESS | | E REC'D. BY REGISTRAR 256. REGISTRA | AR'S SIGNATURE | | | | |
| (VRA 15, 4) | 1 | aule willing | 2334 Vafter | m de St | 1 46 1986 June white | Tening - by fire or allines | | | | |
| | | 1 1 | | | | | | | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

86 25037

| 5 | 1 - | STATE REGISTRAR | A Part of the | CERTIFI | CATE OF DEATH | R | EG. NO. | 000 | 01 |
|------|---------------|--|--------------------------------|-------------------|-------------------------|--|-------------------|------------------------------------|-------------------------------|
| J | | CEASED NAME FIRST | MIDDLE | LA | ST . | 20. DATE OF DE | | DAY YEAR | 2b. HOUR |
| | live | LOWEL | 2 N. | ('05 | S | / 6 | 9 | 15 86 | 9:55 pm |
| | 3. SEX | | 4 RACE | 5. DATE OF | | 6. AGE (IN YEARS | LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HAS HOURS MIN. |
| 1 | | Male | White | 2 1 | 16 15 | 71 | 110 PR | | |
| , 49 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | INTRY? 8 MARRIED | NEVER MARRIED | 9 BALTIMORE | ITY OR COUN | NTY OF DEATH | 1 |
| Z | | Ohio | 1.5.A | WIDOWED | | _ | TIMO. | KE G | to MD. |
| 188 | 10 CI | TY OR TOWN OF DEATH | | NURSING HOME OF | OTHER INSTITUTION | 120 USUAL OCC | | | OF MUSINESS OR |
| 4 | | BALTIMOKE | BON SECO | URS Ito | SHITAL | Insura | | Salesman | n |
| 20 | | AL RESIDENCE (IF NURSING HOME OF | | | 138. INSIDECITY LIMITS | | | | |
| 2 | | MD | B | ALTIMOKE | YES NO | I I at V | nsingto | | 21229 |
| | 14 FA | THER'S NAME (II | rst Name) | AST | 15. MOTHER'S MAIDEN | NAME | DDLE | | |
| | | 1000 | Ollie C | 055 | MG | iku | | -3ch | Schoev |
| 1 | | VAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCI | AL SECURITY NO. | 17. INFORMANT 40 | 6 Kensing | ADDRESS R | dBal | to. Md. |
| | | N | 1201 - | 10-3834 | 25 251 | am F. Cos | | #2122 | , |
| | | 18 CAUSE OF DEATH (Enter or | nly one couse per line for (a) | , (b), and (c).) | | 1 06 | | APPROX BETWEEN | ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (0) | dishoppe | ratory all | lot 2° | | | |
| | | The second second | DUE TO, OR AS A CO | NSEQUENCE OF | | | | | |
| | | Conditions, if any, which | ((b) B | Lanchoel | MR COKE | woma | | | |
| | | gave rise to immediate couse (a), stating the | DUE TO, OR AS A COL | NSEQUENCE OF | | | | 1 | |
| | | underlying couse last. | (c) | | | | | | |
| | 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTI | NG TO DEATH BUT N | OT RELATED TO THE T | ERMINAL DISEASE OF | CONDITION | GIVEN IN PART 1 | .0, |
| | CERTIFICATION | | | | | | lest in | WEG MESS EN IS | |
| 4 | FICA | 19a DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | . WAS PERFORMED | 20a AUTOPS | | YES, WERE FINDS RTIFYING CAUSES | |
| 4 | RT | accmpitiuscuningovinio E | 7 216. TIME OF INJURY | | 11. HOW IN HURY OC | | | YES | NO 🔲 |
| 0 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | - 110110 4 11 11011 | TH DAY YEAR | 21c. HOW INJURY OCC | CURRED (ENTER NATURE | OF INJURY IN ITEM | 18 PART I OR PART 2) | |
| 1 | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINED | P.M. 21e. PLACE OF INJURY | 19 | 211 LOCATION | | | | |
| 1 | MEC | WHILE NOT WHILE | (AT HOME STREET, FACTORY | | STREET | CI | TY OR TOWN | COUNTY | STATE |
| | | AT WORK | | 91 | 13 | do 9 | 115 | 860 | |
| | | 220.1 certify that (I) this hosp | attended the deceosed | trom 19 860 nno | that in (my (our) o) in | ing death accurred at | the date and | hour and from the | that (I we lost |
| | | e) (did) did no | ot) view the body ofter death | | EGREE | non deam accorred of | The dote ond | | SIGNED |
| | | 1 2 Aux | 21.10 | -In | ATTENDIN | | STAFF 1 | 91 | 5/8/2 |
| - | | 22d. PHYSICIAN'S NAME (TYPE O | OR PRINT) | //(. | PHYSICIAI | N DIRECTOR L | HYSICIAN X | | 204 |
| | | WVEdua | RAS | | 2000 11/ | Balling | 2 2122 | 72 | |
| - | 220 0 | BURIAL, CREMATION, REMOVAL | 1 23b. DATE | 122, NAME OF CE | METERY OR CREMATO | | | 63 | |
| | 230. 6 | (SPECIFY) | | | | CITY OR TO | | COUNTY | STATE |
| | 24_ FL | Burial UNERAL DIRECTOR ~ . | 9-19-86 | | ne Pk.Cem | DATE REC'D. BY REGI | STRAR 256, REG | Balto | |
| | G. | Trauman Schwa | | Lito.Nat | T. Pike | FP 1 7 1096 | J. Carl | en a maril | |
| | | | #2 | 229 | J | P. P. T. T. S. | 13 | | and the second |

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO HOSPITAL U

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, arother troumatic event, the medical

Content

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| ָר ט ט | 10142 | 1 DE | CEASED NAME | FIRST | | | MIDDLE | | | LAST | | 2a | DATE KN | OWN X | MONTH | DAY YEA | AR 2b. HOUR |
| | %×××× × ⊢ | (TYP | E OR PRINT) | Andre | | .т. | erom | 0 | C | oxson | | | OF E | 511- | | 12/19 | 86 |
| | REGIETA PIER PIER PIER PIER PIER PIER PIER PIER | 3 SEX | | I. RACE | 5. DATE OF | BIRTH | | 6. AGE (IN Y | EARS IF U | VDER I YR | IF UNDER | 24 HRS. 2c. | DATE | A | HTMON | | AR Za HOUE |
| | ESSARY, PLEASE ERAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET, | M | ale | Black | 2 | 18 | year 54 | 32 Y | RS. MÖN | HS DAYS | HOURS | MIN PR | DEAD | D | 9/ | 12/19 | |
| | A SEAL SEAL | | RTHPLACE (STA | ATE OR | 76. CITIZEN | OF WHA | AT COUN | TRY? | I MARI | IED X NE | VER MARRI | IED 7 | BALTIMOR | E CITY OR | | | |
| | NECESSA FUNERAL 5 FOR YOUTHIN WIPPESTO | | aryland | | U. | S. | Α. | | WIDO | | DIVORC | | Balti | more | City | | MD |
| | SHARE O | 10. CI | TY OR TOWN C | OF DEATH | | | | RSING HOM | E, OR OT | HER INSTITU | ITION | 12a USUAI | OCCUPAT | ION (TYPE OF | WORK 12 | OR INDU | BUSINESS |
| 3 | 30850 | | Balti | more | | | | Hospit | al | | | Unemr | lover | 1 | | None | _ |
| 9/ | A SEASO | 13a. S | L RESIDENCE (| F IN NURSING HOME | OR OTHER INSTITU | TION, GIVE | RESIDENCE | OR TOWN | ION) | 1134 INSIDE C | TTY HANTES | 113a STREET | ADDRESS | 515 N. | Car | rollt | on Ave. |
| 212 | SERVE BY | Ma | ryland | 130. COO! | The state of the s | | Bal | timore | | YES | NO 🗌 | Balt | imore | Mary | land | 212 | 17 |
| - Q | 1-6-19 | 14. F/ | THER'S NAME | | MIDDLE | | | LAST | | | ER'S MAIDE | | MIDD | | | LAST | |
| 18 | 30332 | | Warden | | MIDDLE | | Gib | | | | lvia | | MIDDI | ıc | | Ligg | ins |
| ALTIMORE | NA SAN | | VAS DECEASED | EVER IN U.S. AR | MED FORCES | ? | 166 SO | IAL SECURI | IY NO. | 17. INFORA | | | 615 | NDRE Car | rrol! | | Avenue |
| ALT | A A A A A A A A A A A A A A A A A A A | | No. | (4 165, 6176 | WAR ON DATES! | | 920 | -18-19 | 54 | Sylv | ia Lic | ggins | | imore | | | |
| 3 | WIT WIT | | II CAUSE OF | DEATH (Enter on | nly one couse j | per line f | or (a), (b |), ond (c).) | | | | | | | | | MATE INTERVAL |
| Z | AL ENE | | PARTIDEA | TH WAS CAUSE IMMEDIA | D BY: .TE CAUSE (o) | | | Mult | iple | Gunsh | ot Wo | unds | | | | DET MEETING | TOCK AND DEALIN |
| STO | NA PAGE | | 1000 | | | | S A CON | SEQUENCE | | | | | - 1- | | | | |
| 78.5 | ELES AND | | | s, if ony, which | | | -112 | | | | | | | | | | |
| * | XAMII XAMII XAMII XAMII N, OR | - | | stoting the under- | | O, OR A | S A CON | SEQUENCE | OF | | | | | | | | |
| .20 | RIAL | | lying coos | e 1031. | (c) | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W | ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXAVED AS A BURIAL- HEALTH AND ME AL, CREMATION, (| z | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO | D DEATH BU | T NOT REL | ITED TO THE TER | MINAL DISEA | SE OR CONDITIO | IN GIVEN IN PA | RT 1 a | | | | | |
| REC | MEN WEIGH | CERTIFICATION | 19a DATE OF | OPERATION | 119h C | ONDITION | ON FOR | WHICH OPE | PATION | VAS DERECE | MED? | | | | | 20 AUTOP | eva. |
| Z | HOULD RD "PE THIEF A USED OF HE JRIAL, | 5. | | | | .01,0111 | 0,,,, | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - A31 EM ON | | | | | | | |
| > > | - 8 - 8 - S | - E | 21a EXTERNAL | CAUSE WAS | 21b. T | IME OF I | NJURY | | 71c H | OW INJURY | OCCURRE | D JENTER NAT | URE OF INTURY | IN ITEM IS PAR | T 1 OR PART | YES \$ | NO 🗆 |
| 0 2 | | | UNDERLYING | | | | | DAY YEA | R | | | | | | , our and | ,, | |
| Si | COLIA | MEDICAL | 21d. INJURY OF | G CAUSE OF | 7 le P | 35PW | FINJURY | 12/19 { | | subjection | ct_sho | ot | | | - | | |
| DIV | IS CER VRITINA VRDED GE 3 SI GE 3 SI TE DEP | AE | WHILE | NOT WHILE AT WORK | STR | EET, FACTO | RY, FARM, E | TC.] | | STREET | 1700 | | ITY OR TOWN | | COUNT | TY . | STATE |
| | WAN WA STAT | | AI WORK | AT WORK | - | bn s | tree | <u>+</u> | | ette S | St. & | Fremo | nt Av | e. Ba | alto. | City | z. Md. |
| | A SA | | 22a certifi | that I took charg | ge of the remo | descr | bed obo | ve, held on | Auto | sy X | Inspection | n [_]. | Inquiry L | J. ond in | n my opini | ion | |
| | EXAMINER: CERTIFICATI ULD EX PROPERTY UNITH THE MARYLAND | | death resulter | d from the | rof courses X | 1 | Arcident | 4 | yicide | , Homic | cide X. | Undetern | nined monn | er . | | | |
| | CAL EXA THE CERI SHOULD SHALL DIR | | ACTUAL C | A | 1/- | 4 . 3 | 1. | 0.11 | | , | SPECIFY) | | | | DATE | 1-5. | |
| | A HARAE | | SIGNATURE_ | 111 | 1 | - | | cu | -0-1 | A.D. <u>Cr</u> | nief | MEDICA | AL EXAMIN | ER | SIGNED. | 9/1 | .3/86 |
| | LA PE | 1 | EXAMINER'S | IAME TO | ma E. | Smi a | lok | M.D. | | | | 111 D | - C | _ | | | |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, BALTIMORE, M | 22. 2 | (TYPE OR PRI | *** | | DIIITa | | | | ADDRESS_ | | | enn S | L. | | | |
| | | /30.B | DEC IEV) | rial | 9/19/1 | 986 | 73c | AME OF CE | METERY | CREMATO | ORY | 23d. LOCA | TOWN | | COUNTY | | STATE |
| 07/84 25M | BP | 24 N | | | | | | | e te | | | | imore | 9 25b. REGISTE | | Maryl | and |
| | DHMH - 17 | 25 | NAME CHILL | SONS FL | INERAL , | HUME | , 11 | IU. | 1 21 | 1000 | | | | | | 23. | |
| | (VR A15 ME (5)) | (2) | or awan | ns Falls | rkwy. | pal | LLTING | Te, M | 1. 41 | 210 | SF | 716 | 986 | بالأمالة المعادمة من و | the decision | 7 | |

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| 0 - | 1735 | 5 | 1. | FOR STATE REGISTRAR | | | DEP | ARTMENT OF | E OF MARYLA IEALTH AND A ICATE OF D | MENTAL HYGI | ENE 6 | 2 5 | 0 4 | 1 |
|----------------------------|---|-----------------|---------------|---|-------------|--------------------------|---------------------|------------------------|---|-----------------------------|-----------------------------|----------------------|--------------------------------|---------------------------|
| | | | | CEASED NAME | FIRST | | MIDDLE | | LAST | | 20. DATE OF DEATH | | Y YEAR 2b. | HOUR |
| | page 3 | | , | | reig | hton | C | Cra | bill | | | 9 1 | 5 86 7 | 626 M |
| | r. po | | 3. SE | x | | 4. RACE | | 5. DATE (| OF BIRTH | YEAR | 6. AGE (IN YEARS LAST | | UNDER | UNDER 24 HRS JURS MIN. |
| | oge 4 | ~ | | ALE | | WHI | | 2 | 28 | 12 | 74 | YRS. | | MIN. |
| | 4 72 | 13 | 7a. B | RTHPLACE (STATE OR FO | DREIGN | 76. CITIZEN OF | | MARRIE | D NEVER M | AARRIED - | 9 BALTIMORE CITY | No. of Street, St. | | |
| | 9 | 4 | 0.0 | VIRGINIA TY OR TOWN OF DEA | ru | US 11 NAME OF | | URSING HOME | | ORCED | Baltimos | | 12b. KIND OF BU | MD. |
| - 4 | 1 13 | NEV | | timore | | _(IF NOT IN SUC | CH FACILITY, GIVE | STREET ADDRESS) Hospit | | IIOIION | (TYPE OF WORK FOR MOS | | INDUSTRY C.R.DI | ANIES OR |
| 25 | \$ 60 m | Y | USU | AL RESIDENCE (IF NURSI | NG HOME OR | OTHER INSTITUTION | GIVE RESIDENCE | BEFORE ADMISSION | | | | <i>y</i> . | | |
| ON I | 24, | 7 | 13a : | Md. | How | | 13c CITY OR Elkr | | 13d. INSIDE CI | ITY LIMITS? | 13e.STREET ADDRES | | ington | 1227 |
| MARYLAND | within etely 3.2 sho | 1 | 14 F/ | ATHER'S NAME | | WIDDLE | 1.00.000 | Luge | | MAIDEN NAM | Æ | I WASII. | | |
| MAR | ed w | 130 | 1 | PHILLIP | | WIDDLE | CRAB | 122 | RI | HODA | MIDDLE | | DODS | ON |
| BALTIMORE, | x ecu | dico | | VAS DECEASED EVER I | | MED FORCES? | 16b. SOCIAL | SECURITY NO. | 17 INFORMAL | NT | ADD | RESS Gary | y Crabi | 11 |
| TIM | be e | E S | | No | | | 220-0 | 1.6430 | 6298 | Old Wa | shington | 1 Rd. 2 | | |
| BAL | ificate physici poper | oval. | | 18 CAUSE OF DEATH PART I. DEATH WA | S CAUSE | ly one couse per DBY: | line for (a), (| o, and ici | | 70 | | | APPROXIMATE BETWEEN ONSE | E INTERVAL |
| ST. | certifi ing ph | e e e | | | | E CAUSE (a) | 11ch | 4 6 | 2003 | 1 been | live | | 2 he | |
| PRESTON | tendii e cor | on, on | | Conditions if any | | DUE TO, O | | SEQUENCE OF | 0 ~ | 0 /2 | 1/1100.0 | · Desi | 14.3 | and the |
| S. | he de | rtrok | 1 | Conditions, if any, gave rise to imm cause (a), stating | ediote | (b)_ | 1770 | | سد المرامل | ana | s Various | r Dun | Low | |
| ₹ | by 1 | t, cre | | underlying couse | | DUE TO, O | R AS A CONS | SEQUENCE OF | | | | | | |
| , 201 | gned n ple | buria ry, ar | | PART 2. OTHER SIGN | IFICANT C | ONDITIONS C | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERMI | NAL DISEASE OR CO | NDITION GIVE | V IN PART 110 | |
| ORD | requir en sign | or to | S N | | | | | | | | | - 25 | | |
| DIVISION OF VITAL RECORDS, | law os be | s an | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR W | HICH OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? | | WERE FINDINGS ING CAUSES OF | |
| TAL | The icion te ho | Hygien 18 sh | ERT | 71g ACCIDENT WAS UND | DIVING [| 1 216. TIME C | NE INTUIDY | | 21. HOW IN | ILIDY OCCUPA | YES NO | YES | Land | 10 🗆 |
| JF VI | PHYSICIAN: ending physi this certificol | OF | | OR CONTRIBUTING C | AUSE OF DEA | TH HOUR A. | M. MONTH | | ZIL HOW IN | JORT OCCURR | D (ENTER NATURE OF IN | IJURY IN ITEM 18 PAR | T I OR PART 2) | |
| NO | 4YSIC ding s cert buriol | Ment ar Her | MEDICAL | (IF EITHER NOTIFY MEDIC | | | M. OF INJURY | 19 | 21f LOCATIO |)N | | | | |
| VISI | のちょす | rked | M | WHILE NOT WHI | LE 🔲 | (AT HOME, ST | REET, FACTORY, O | FFICE, FARM, ETC.) | STREET | | CITY OR | TOWN | COUNTY | STATE |
| ā | ATTENDIN spital or CTOR: Aft | s mai | - | 220.1 certify that (i) (| | ol) ottended, th | e deceased f | rom_Co/ | 8 | , 19 6 3 | _, to 9/ | 37 15 | 86 that | t (l) (we) lost |
| | Spital Spital | of H | | sow the decease above, (1) (we) (di | d alive on | view the body | ofter death. | 19 82 ,0 | nd that in (my) | (our) opinion d | eath accurred on the | date and hour o | and from the cou | ses stated |
| | OR ATT e hospi DIRECT | Dept. | | 22b. SIGNATURE | 1 | | _ | | DEGREE | TTEN ID 11 10 | U.S.D.G.L. | | 22c. DATE SIG | NED |
| | | E Stote | | Cly | 10 | 16. | 17 | } | 1) b | | MEDICAL ST DIRECTOR PHYS | AFF ICIAN [| 19/5 | 186 |
| | HOSPITAL ined by th FUNERAL | with the Sto | | 22d PHYSICIAN'S NA | ME (TYPE OF | PRIMA | | | 22e ADDRESS | 20 /11 | 1 (5:3-1 () 4 | | 12 1 3 | an |
| | TO HOSE refoined TO FUNI should b | IMP(| 220 5 | CA / T | 54074 | NAI) | -11-1 | = 20 | 101 | 11 | 0 , | W M | 744 | 37778 |
| | BP | | | SURIAL, CREMATION, R | EMOVAL | 8 SEP | TRIA | 23c NAME OF C | EMETERY OR C | | 23d. LOCATION CITY OR TOWN | ודות | COUNTY | STATE |
| | | | | JURIAL DIRECTOR | | 00011 | | 50000 | TEPRED | | REC'D. BY REGISTRA | R 25b. REGISTRA | AR'S SIGNATURE | mil |
| | DHMH - 16 6 (VRA 15 | | SA | ACK FUNET | CAL A | Home | ELL. | LICOTT C | ITY HIL | £104 | EP8 198 | 36 June | my doon-y | |
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Life to a Company of the last Trighton C Crabill 1625 while I be in the VARIVE USA STATE OF THE CLEY OF THE CLEY OF THE COLOR Seltimore St. Agnes Hospital RETIRED St. Agnes Mr. Hountd Dikridge x 6298 Old Washington Rd. Tis a .. ba margining to be 10 feet on Rd. I gat T

Cary Crabill

(VRA 15, 4)

| 10210 | 1 | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENT ICATE OF DEAT | Control of the Control | j o | 2 5 | a graph | v |
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| de 4 m actor a | | parent pa | male | / 1 | White | MONTH | | EAR | 52 yo | 52 MO | | OURS MIN. |
| | 3 | BIRTHPLACE (COUNTRY! Virgi | 1 | | WHAT COUNTRY | 2 | NEVER MARRI | IED 🗆 9. E | Baltimore city <u>o</u> Baltimo | | | MD |
| 10 | | BALTIM | OF DEATH | 11. NAME OF | | NG HOME C | OR OTHER INSTITUTE | ION 120 | u. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF | NC | 126. KIND OF B | |
| LAND 21 | 3 | Md. | (IF NURSING HOME (| OR OTHER INSTITUTIO | 136 CITY OR TOV | VN | 13d. INSIDE CITY LIV YES NO | X · | STREET ADDRESS / | | 21061 | |
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| BALTIMORE cate be execu- ywich and o open. Fager, wal. | 2 | IN WAS DECEASE (YES, NO OR UNKN | D EVER IN U.S. A | GIVE WAR OR DATES) | 226-38-0 | | 17. INFORMANT | K. Cre | eech Husba | | me as l | 3 |
| 1 2 2 3 3 | | 18 CAUSE C PART I. D | EATH WAS CAUS | only one cause posed BY: ATE CAUSE (a) | er line far (a), (b), o | 1 | VARY AV | er ES 8 | | | Shm CT | TE INTERVAL SET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON 51 NG PHYSICIAN. The law requires that the death cert after this excitose has been signed by the attending p of the bould fundatil permit. Then please remove cordion th and Mendal Hygiene prior to buriol, committee, or see orkeding, linguishing prior to buriol, committee, or see orkeding, linguishing prior to buriol, committee, or see | | | | (b)_ | OR AS A CONSEQU | 5 | D UNK | NowN | | | | |
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| AL RECOR | 9 | | OPERATION | | | | N WAS PERFORMED | | 200 AUTOPSY? | | WERE FINDING NG CAUSES OF | |
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| VG FHY after the burthe bu | | (IF EITHER NO. 21d. INJURY | NOT WHILE AT WORK | | E OF INJURY STREET, FACTORY, OFFICE, | FARM, ETC.), | 211. LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
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| O HOSPIT TOTAL PA TO FUNER TO | / | 22d PHYSIC | CIAM | OR PRINT) | Stree | na. | 22. ADDRESS 22.5. | 6no | ene St | | | |
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| DHMH - 16 60M 7/1 | 84 | FUNERAL DIRE | CTOR | | n Burnîtë, | | 21061 | 25a. DATE RE | CD. BY REGISTRAR | | | |

| on- | GR, | | FOR STATE | | | DEPARTMEN | | | | | 2 5 | 0 | द्ध अ | |
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| | S NECESSARY, PLEASE FUNERAL DIRECTOR. TOUR FILES. THIN 72 STREET, | 3. SEX | nale | Frank RACE black | Eugene 5. Date of Birth Month Day 6 21 | 6. A | GE (IN YEARS III M | - marin | IF UNDER 2 | 4 HRS. 2c. DA | UNCED | 9 MONTH 9 | 12 19 86 DAY YEAR | 3:40 |
| • | NEGESSAR FUNERAL I | FO | RTHPLACE (S REIGN COUNTRY) | Md | 76 CITIZEN OF WE | | WID | RRIED NI | DIVORCE | D LX D □ Ba | MORECITY <u>OR</u> altimore | City | OF DEATH | ME |
| 1 | AY I | 1 | Baltin | ore | rear of | 4501 E | dnondsc | | | Un'emp | TOYEU | F WORK 12 | OR INDUSTI | RY |
| . 21201 | F AND 3 TO RETAIN F SHOULD F I RECORD | 130 S | Md Md | (IF IN NURSING HOM | Tyly Hutlon, Gr | Pasader | OWN | YES 🗌 | NO 🗖 | | RESS 14 Cathe | rine | 211: Avenue | 22 |
| ORE, MD. | SESTEN SESTEN | F | rank | | MIDDLE | Culp | ECHBAY NO | Bern 17 INFOR | | NAME | ADDRESS | Gr | regory | |
| BALTIMORE, | SAFIER GIVE PA | | es, no, or unkno No | (IF YES, GI | ARMED FORCES? IVE WAR OR DATES) | 219-0 | 6-2645 | | | p 8314 | Catherin | e Ave | enue | |
| 201 W. | Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. | | | | | rforati AS A CONSEQ AS A CONSEQ | ng guns UENCE OF UENCE OF | | | | | | BETWEEN ONSE | |
| VITAL RECORDS, | WORD "PENDING" IN WORD "PENDING" IN FE CHIEF MEDICAL BY D BE USED AS A BURINA ENT OF HEATH AND D BURIAL, CREMATION | MEDICAL CERTIFICATION | | OPERATION | | | | | | | | | 20 AUTOPSY | ? NO [] |
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| • | TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, TO FUNRAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21 | | deoth result ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI | NAME A | orge of the remains des | Accident | , Suicide | TITLE (| 111 | Undetermined Efmedical ex Penn St | manner | DATE SIGNED | 9/12/ | 86 |
| 07/84 25M | BP | (5 | PECIFY) | TION, REMOVAL | 9/16/86 | | Memor | | k | | N 11stown RAR [25b REGIST | COUNTY | M | ld |
| | DHMH - 17 (VR A15 ME (5)) | | | | lome West 4 | 300 Wab | ash Av | enue | SEP | 1 5 1986 | | orden - | | 265as k |

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| | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 | should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death | with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | MPORTANT: If Hem 21 is morked or Item 18 shaws any injury, or other traumotic event, the medical examiner most benefits at ance. |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

| 1 - | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. | 20.42 | sound | | |
|-----------------------|--|---|--|------------------------------------|--|---|--|---|--|--|
| | CEASED NAME FIRST | | WIDDIE | 1 | AST | 20. DATE OF DEATH MONT | | 2h HOUR | | |
| (ITPE | OR PRINT) MINN | II | Ι. | CUNE | DIFF | 13,1986 | 500P | | | |
| 3. SE | х | 4 RACE | | S. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | | IF UNDER 24 HRS | | |
| | Female | Whi | ite | NOV | | | YRS MONTHS DAYS | HOURS MIN. | | |
| | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | MARRIEI | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| | orth Carolina | U.S | .A. | WIDOWE | | Baltimore | City | MD. | | |
| В | altimore | 5220 Y | ork Roa | ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATION LITTE OF WORK FOR MOST OF WOR Salesperson | KING LIFE INDUSTRY | Store | | |
| 13a. S | aryland | NE OR OTHER INSTITUTION OUNTY | 136 CITY OR TOW Balto. | | 13d INSIDE CITY LIMITS? YES X NO [| 138.STREET ADDRESS / ZIP 5220 York F | | 21212 | | |
| 14 FA | ATHER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | WE | 145 | | | |
| | Bennett | | Ward | | Linda | | Davi | S | | |
| | VAS DECEASED EVER IN U.S | ARMED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | 21 APOREST | venswood | Dr. | | |
| , | No | S. OTTE THAN ON DATES! | 215-03-9 | 9826 | Roland Cund | diff Fallston | , Md. 21 | 047 | | |
| | 18 CAUSE OF DEATH (Ente | r only one cause per | line for (a), (b), a | 1104.1 | 0 / | | BETWEEN | MATE INTERVAL ONSENAND DEATH | | |
| | PART I. DEATH WAS CA | USED BY: DIATE CAUSE (0) | | cul | Cormany | | יועות | utes | | |
| | | DUETO | R AS A CONSEQUE | ENICE OF | 1 | 01 | - | | | |
| | | | | | | (47 | I Assi | | | |
| | Conditions, it any, which | ((b)_ | R AS A CONSEQUI | ENCE OF | ASCUOV = | CAD | 304 | ~- | | |
| | Conditions, if any, which gave rise to immediate couse (a), stating the | (b)_ | | | AJCHOV = | (AD | 304 | r- | | |
| | gave rise to immediate | (b) | R AS A CONSEQUE | | AJCHOV = | (AD | guz | n- | | |
| NO | gave rise to immediate couse (a), stating the underlying cause lost | (b) | R AS A CONSEOUI | ENCE OF | NOT RELATED TO THE TERM | IIN AND ISEASE OR CONDITIO | July Siven part 1 | | | |
| ATION | gave rise to immediate couse (a), stating the underlying cause lost | DUE TO, O | R AS A CONSEQUE | ENCE OF | NOT RELATED TO THE TERM LUNGAL MAN WAY PERFORMED | INAS DISEASE OR CONDITION 1200 AUTOPSY 200. | G CALANT | | | |
| FICATION | gave rise to immediate couse (o), stating the underlying cause lost | DUE TO, O | R AS A CONSEQUE | ENCE OF | elleyon vegale | INAMPISEASE OR CONDITION 200. AUTOPSY? 200. AUTOPSY? 200. AUTOPSY? | IF YES, WERE FINDING CAUSES | OF DEATH? | | |
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| 23a. E | gave rise to immediate couse (o), stating the underlying cause lost part 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF C | DUE TO, O CO TO TONDITIONS CO TO T | ONTRIBUTING TO I | OPERATIO AY YEAR 19 FARM, ETC.) | 211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS 6715 Park EMETERY OR CREMATORY | 200. AUTOPSY? 200. YES NO NOTION TO SEED (ENTER NATURE OF INJURY IN 15 CITY OR TOWN death occurred on the date of MEDICAL STAFF | COUNTY COUNTY 19 19 122c. DATE | STATE sthat@ (we)-last causes stated SIGNIBLE | | |

Henry W. Jenkins & Sons Batto. Md. 21212

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25047

| | REGISTRAR | | | IIICAIL OI DEATH | REG. NO. | |
|---------------|---|-------------------------------|---|---------------------------------------|---|--|
| | PECEASED NAME FIRST THOM. | | AIDDLE | LAST TO LET THE TEN | | AY YEAR 26 HOUR A |
| L | | 14. | 0. | NINGHAM JR | SEPTEMBER 14, | M |
| 1 | | 1. RACE | | E OF BIRTH | M | F UNDER 1 YEAR IF UNDER 24 HRS |
| _ | lale | White | | igust 2, 1925 | 61 YRS. | |
| 13 | SMTHPLACE (STATE OR FOREIGN COUNTRY) Md. | L. CITIZEN OF V | | RIED NEVER MARRIED TO NORCED DIVORCED | BALTIMORE CITY OR COUNTY OF | TTY MD. |
| Ti. | CITY OR TOWN OF DEATH | 1. NAME OF H | | E OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR |
| | ALTIMORE | THE J | OHNS HOPKI | NS HOSPITAL | Retired | INDUSTRY |
| | UAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN | | GIVE RESIDENCE BEFORE ADMISSION BALTIMO RE | 13d INSIDE CITY LIMITS? YES TO D | 130.STREET ADDRESS / 710 CODE | Street 21218 |
| 0 | FATHER'S NAME FIRST Thomas J. | Cunr | ningham Sr. | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | Fischer |
| 160 | WAS DECEASED EVER IN U.S. ARA | | 166. SOCIAL SECURITY NO |). 17 INFORMANT | ADDRESS | |
| | YES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | 219-16-3208 | Mrs. Katherin | ne Cunningham Sa | me |
| | 18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED IMMEDIATI | BY: CAUSE (a) | /1 | emorany AR | 1235 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 45 MINUTES |
| NO | | ONDITIONS CO | NAS A CONSEQUENCE OF | UT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | N IN PART No |
| CERTIFICATION | 19d Date of Operation 9/186 | 196 CONDI | TION FOR WHICH OPERAT | TION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NOT YES | WERE FINDINGS USED ING CAUSES OF DEATH? |
|) | OR CONTROLLYBUG TO CAUCE OF DEAL | 21b. TIME O | FINJURY M. MONTH DAY YEA | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM IB. PAI | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE ((AT HOME, STR | OF INJURY EET, FACTORY, OFFICE, FARM ETC) | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | 220.1 certify that (1) This hospit | | | 7.7 19.86 | | 9 that (IV we) lost |
| | sow the deceased alive on obove, (1) (will did not | view the body | ofter death. | | death occurred on the date and hour | |
| | 22b. SIGNATURE Diralle | In a. | ofter death, | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | |
| | | PRINTI D | Conser Son | DEGREE | | and from the causes stated |

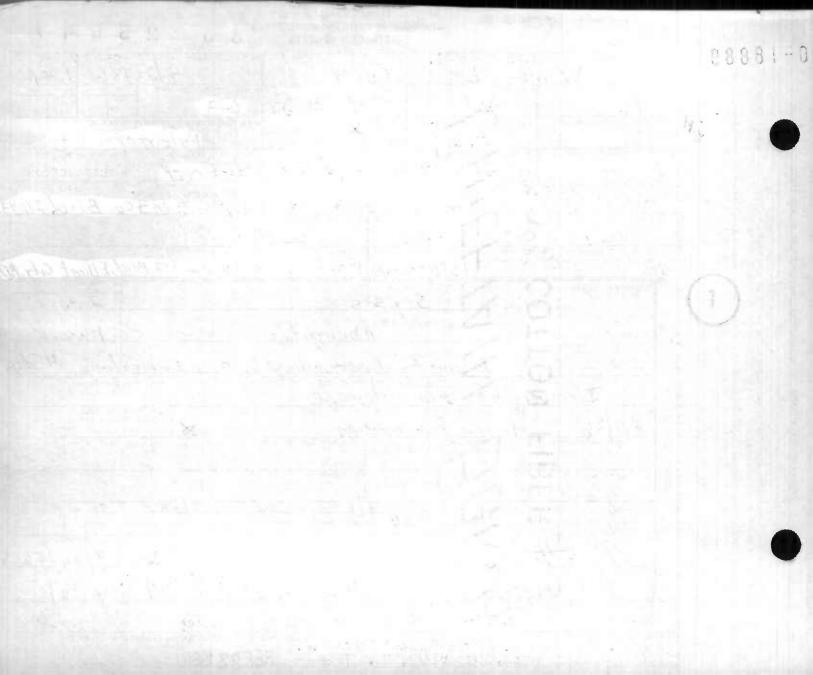
DHMH - 16 60M 7/B4 (VRA 15, 4)

"Leonard J. Ruck Inc. Baltimore, Maryland

SEP 6 908 June 1980

| | | EOR | 31/86 by | 2, &22a, , Med. | | E OF MARYLAND IEALTH AND MENTA | L HYGIENE | | |
|---|---------------|--|--|---------------------------|---|--|--|--|-----------------------|
| -19300 | I. DE | REGISTRAR E | Exam./ C | bj. MEI | DICAL EXAMIN | ER'S CERTIFICATE | OF DEATHO REG. | | 8 124, HOU |
| EFE SESSION OF THE SE | 3. SE | PE OR PRINT) | DEBOR Z | A H | A. | CURRY | DEATH MATED | 9 19 19 86 | 11101 |
| 24 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | $F\epsilon$ | emale | Black | 9 20 | 1958 LAST BIRTHDA | MONTHS DAYS HOURS | DER 24 HRS. 2c. DATE PRONOUNCED DEAD | 9 19 19 86 | 12 HOU |
| PRESENT PRESENT | FI | IRTHPLACE IS DREIGN COUNTRY) Tyland | IATE OR | U.S.A. | | MARRIED NEVER MA | ARRIED Baltimore CITY DRCED Baltimore | OR COUNTY OF DEATH | M |
| | 10 C | Baltimo | | I IF NOT IN SUCH FAC | PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) General He | OR OTHER INSTITUTION | 120. USUAL OCCUPATION (FOR MOST OF WORKING LIFE) State Employe | TYPE OF WORK 12b. KIND OF BUS OR INDUSTRY | |
| | | AL RESIDENCE STATE ryland | 136 COUN | OR OTHER INSTITUTION, GIV | ERESIDENCE BEFORE ADMISSION 134. CITY OR TOWN Baltimore | DSOILAI N) 13d INSIDE CITY LIMIT YES IZ NO | 13e STREET ADDRESS | | |
| O Tank | 14. F | ATHER'S NAME | | MIDDLE | | 15. MOTHER'S MA | | na St. 21217 | |
| ON SESTION | | njamin | D EVER IN U.S. AR | H. | CUTTY 166. SOCIAL SECURITY | Lucill NO. 17 INFORMANT | | Smith | |
| S AFTER DEA S AFTER DEA GIVE PAGES TITH FORM! PAGES I PAGES I PAGES I PAGES I PAGES I PAGES I PAGES I PAGES I PAGES I PAGES I | No | YES, NO, OR UNKNO | (IF YES, GIVE | WAR OR DATES) | 218-58-332 | | yton 1121 N. Gi. | | 7 |
| W. PRESTON ST., D. WITHIN 24 HOUR PENCIL IN TEA HOUR WAINER ALONG W TRANSIT PERMIT ENTAL HYGEFNE, D OR REMOVAL | | Canditian gave rit | IMMEDIA ins, if any, which se to immediate stating the under- | DUE TO, OR | for (o), (b), and (c).) rdiac Arri AS A CONSEQUENCE C | F | | APPROXIMATE II BETWERN ONSET A | INTERVAL AND DEATH |
| HTAL RECORDS, 201 HOUD BE EXECUTE BY "ENDING": IN IN INTERPRETAL DISTORATION OF HEALTH AND M. JEINEL, CREMATION | CERTIFICATION | PART 2 OTHER SI | | Acu | te ethano | NAL DISEASE OR CONDITION GIVEN I L intoxicat TION WAS PERFORMED? | | 2D AUTOPSY? | |
| DIVISION OF VITAL REPAIRS CRETIFICATE SHOULD WRITING THE WORD "HE WARDED TO THE CHIEF AGE 3 SHOULD BE USED ATE DEPARTMENT OF HEAD TO BUSHALOFT OF BU | ALCERTIF | UNDERLYING | AL CAUSE WAS | | INJURY MONTH DAY YEAR | 21c. HOW INJURY OCCU | RRED LENTER NATURE OF INJURY IN ITEM | | NO [|
| DIVISICE THIS CERTING RWARDED TO PAGE 3 SH STATE DEPAGE 3 SH STATE | MEDICAL | 21d. INJURY C | | 21e PLACE C | OF INJURY (AT HOME, ORY, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE DALLINORE, MARYLAND, 21201 | | 220 I certii death resulta ACTUAL SIGNATURE EXAMINER'S | ed fram: Nahu | of former of | Jon | | Undetermined manner) MEDICAL EXAMINER | DATE SIGNED 9-19- | -86 |
| TO ME EXECU PAGE TO FU | 730 6 | (TYPE OR PRI | THON REMOVAL | les P. Kol | | ADDRESSADDRESS | Penn St., Balt | o., MD 21201 | |
| 7/84 BP 300 | | UNERAL DIREC | Burial | 9-24-86 | | orial Park | Baltimore | COUNTY STAT | |
| DHMH - 17 (VR A15 ME (5)) | | NAME | | me 1348 N | . Calhoun Si | | TE REC'D. BY REGISTRAR 255 RE | OIDINAK POIONATORI | 1 |

| | Amended by M.E. 10/27/86 day STATE OF MARYLAND | |
|--|--|---|
| | 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH | 5 1 4 7 |
| 1-18889 | | Y 23 YEAR 8626 HOUR |
| oy be | 3 SEX 4 RACE 5 DATE OF BIRTIN 6 AGE (IN YEARS LAST BIRTHOAY) I IF | UNDER LYEAR IF UNDER 24 HRS |
| ge 4 m ector, p | Malo, Willie 5. DATE OF BIRTH MONTH of DAY 12 YEARS LAST BIRTHOAY) IF MO | NTHS DATS HOURS MIN. |
| 4 20 TX | BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALTIMORE CITY OR COLINTY O | |
| deo deo | Penns ulvaria U.S.A WIDOWED DNORCED Baltimore (DI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION | 12b, KIND OF BUSINESS OR |
| s often | Baltimore University of Maryland Hospital Bricklayer. | INDUSTRY Construction |
| ND 21. | Maryland Howard Ellicott City Yes: , NOW 1807-80 Town & Court | B 21043 |
| RYLA cuthin within within | H FATHER'S NAME FIRST MIDDLE LAST MIDDLE MIDDLE MIDDLE | wig bivus |
| A Completed | Tracy Curry Edith | Gamble |
| NORE executed to a speed to a spe | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1769. NO OR UNKNOWN) (IF YES GIVE WAR OR OATES) 1.6.4.1.4.0.00.2 | -, |
| ALTIM | Yes WW II 184-16-2823 Mary Curry Same as # 13 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| T. B. | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) 5 () 5 () 5 () | 2 days |
| on s | 9289 DUE TO, OR AS A CONSEQUENCE OF | |
| REST dear | Conditions, if any, which gave rise to immediate | Iweek |
| by the by the base rer | couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF underlying cause lost | Jumas 45da |
| S, 20 gned en ple burio rry, or | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | NIN PART 110 |
| ORD requ | Type yers ible brain damage 196 DATE OFFOREATION 196 CONDITION FOR WHICH OPERATION WAS PRECIMED 1206 AUTOPSY? 1206 IF YES V | WERE EN IN |
| L REC | | WERE FINDINGS USED NG CAUSES OF DEATH? NO |
| VITA N. The system of the syst | 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR | |
| NOF SICIA ng pl certif certif intol-t ientol | (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| DIVISION OF VITAL NG PHYSICIAN: The offending physicion (fier this certificate h os the buriol-tronsity th ond Mental Hygier orked or item 18 shop | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN | COUNTY STATE |
| D LOIN | 220 1 certify that (1) (this haspital) attended the deceased from | 86, that (I) (we) lost |
| Spiro CTO Of H | saw the deceased above on 19 5 (and that in (my) (aur) apinion death occurred on the date and hour above (View (did) did not) view the body after death. | and from the causes stated |
| the horse to be | Certification approved the Medical Examiner | 22C. DATE SIGNED |
| HOSPITAI ned by the FUNERAL old be de the Stort | THE PHYSICIAN'S NAME (THE DEPOSIT) | 17/23/86 |
| O HOSPIT, TO FUNER, should be d with the Sta | M. Rothenberg University of Mary and | 70spital |
| | 236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 250 OF CEMETERY OR CREMATORY 23d LOCATION WAS A CONTROL OF CEMETERY OF CREMATORY 23d LOCATION DON'S CHARLES OF CEMETERY OF CREMATORY DON'S CHARLES OF CEMETERY DON'S CHARLES OF CHARLES | COUNTY |
| BP | 17272 | Maryland AR'S SIGNATURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Letoy M. & Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRA 1630 Edmondson Avenue, Catonsville, MD. 21228 SFP 23 1986 | interest . |



injury, or other troumotic event, th

| | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEAT | |
|-------|--------|--|-------|
| FIRST | WIDDLE | LAST | 2a. (|

| 8 | 6 | 2 | 5 | U | 5 | |
|---|-------|---|---|---|---|--|
| P | EG NO | | | | | |

| FOR STATE REGISTRAR | | | T OF HEALTH AN ERTIFICATE O | | REG. N | 2 | 5 | U 5 J |
|---|--|--|--|--------------------------|---|-----------------|--------------|----------------------------------|
| I. DECEASED NAME FIRST | M | IDDLE | LAST | | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| Will | liam | | Curtis | | September | | | 8:40 BM |
| 3. SEX | 4 RACE | 5. | DATE OF BIRTH | YEAR | 6 AGE (IN YEARS LAST BIR | THDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| MALE | BLACK | V Zala | 3 30 | | 66 | YRS | DATS | NOOKS INTE |
| 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF V | VHAT COUNTRY? 8 | AARRIEDXX NEVE | | 9 BALTIMORE CITY O | R COUNTY O | FDEATH | |
| MARVIAND | us | | DOWED T | DIVORCED T | Baltimor | e City | | MD. |
| 10 CITY OR TOWN OF DEATH | | OSPITAL, NURSING H | OME OR OTHER I | NSTITUTION | 12a USUAL OCCUPATI | ON | | OF BUSINESS OR |
| Baltimore | | FACILITY, GIVE STREET ADDR | | tal. | RFTTRFD | F WORKING LIFE) | INDUSTRY | |
| SUAL RESIDENCE IF NURSING HOME 130 STATE MARYLAND | OR OTHER INSTITUTION | | 13d INSID | E CITY LIMITS? | 13e.STREET ADDRESS / 2817 FDGF | | | 21215 NORTH |
| 14 FATHER'S NAME FIRST | MIDDLE | LAST | IS WOTH | FIRST | WIDDIE | | LAS | 51 |
| GEORGE | | CURTIS | | FOLIA | 4000 | MOS | LEY | |
| 160 WAS DECEASED EVER IN U.S. A | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECURITY | NO. 17 INFOR | MANT | ADDRE | :22 | 21 | 1215 |
| VES | | 214-14-58 | 29 MAU | DYNE CUR | RTIS 2817 F | DGECOM | | |
| 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU! IMMEDI Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. | DUE TO, OR | Cardiopulmo AS A CONSEQUENCE Multiple Of AS A CONSEQUENCE | onary Arr ^{EOF} rgan Fail | | | | | IMATE INTERVAL ONSET AND DEATH |
| PART 2. OTHER SIGNIFICAN' Diabetes Nelli | | | TH BUT NOT RELA | TED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | N IN PART 1 | ٥ |
| 190 DATE OF OPERATION 8/5/86 210. ACCIDENT WAS UNDERLYING | Severe Diabe 21b. Time of Hour A.A. | Periphere tic Gangre INJURY A. MONTH DAY | al Vascul ne Richt | ar Disea | 200 AUTOPSY? RED (ENTER NATURE OF INJU | YES | NG CAUSES | NGS USED S OF DEATH? NO |
| OR CONTRIBUTING CAUSE OF E | 21e. PLACE C | OF INJURY EET FACTORY, OFFICE FARM | ETC) 21f LOCA | ATION REET | CITY OR TO | WN | COUNTY | STATE |
| 27a.1 certify that (1) (this has sow the deceased alive above. (Mar) (did) (365) 27b. SIGNATURE | Septem | ber 2,9 86 | DEGREE | ATTENDING PHYSICIAN [| to Septemb death occurred on the d MEDICAL STA DIRECTOR PHYSIC | ote and hour d | and from the | that the (we) lost couses stated |
| 226 PHY SICIAN'S NAME (TYP Debbie V | Vachon, M | | | Marylar | nd General H | Hospita | 1 | |
| 230 BURIAL, CREMATION, REMOV. | 23b. DATE 9-8-8 | | RISON FOR | | GARRISON | MET. | MARY | LAND STATE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR

MPORTANT. If Item 21 is

E.L. PHILLIPS

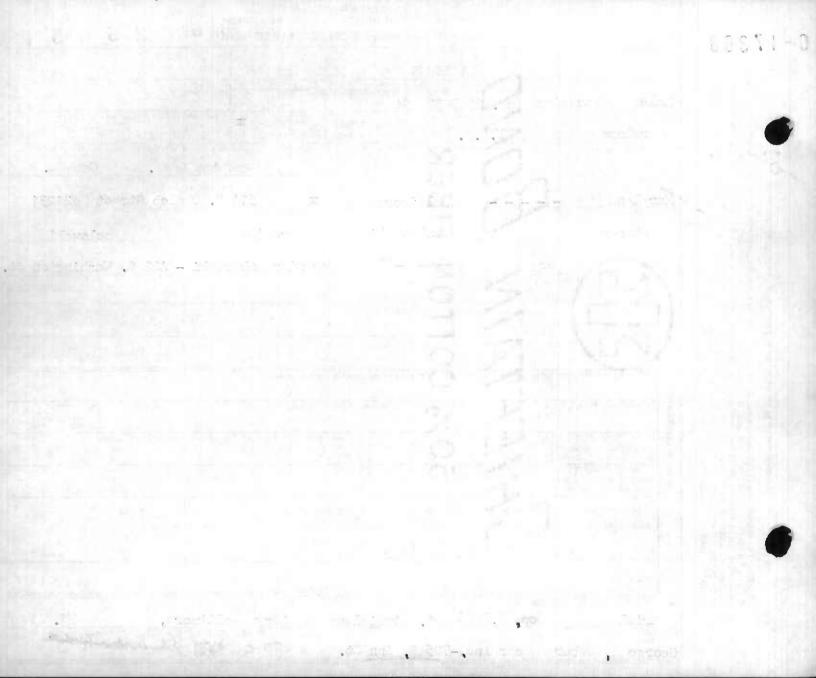
24 FUNERAL DIRECTOR

1721 NORTH MONROE STREET

GARRISON FOREST VET. | GARRISON

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE A SEP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-LAWRENCE Anthony Dabkowski 19 86 4. RACE SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. LIF UNDER 24 HRS 28 HOUR 9:00 DATE LAST BIRTHDAY PRONOUNCED Male 19 86 DEAD Caucasian Aug. 23 D. M To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland U.S.A. Baltimore City, WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Machine Oper. Can Co. Baltimore 514 S. Chapel Street SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI & STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 514 S. Chanel Street larvland Baltimore NO [FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Anthony Dabkowski Veronica Waclawski 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 215-30-6155 Yes Korean Veronica Dabkowski - 422 S. Washington 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pontine Hemorrhage IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only) 21a EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR; 9 AFTER DEATH, WITH HEST BALTIMORE, MARYLAND. 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes X Accident ___ Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 9-6-86 Assistant SIGNATURE EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Margarita A. Korell, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Stanislaus Cemetery Baltimore, Md. 07/84 R 235 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** George A. Weber & Sons Inc .- 705 S. Ann St. (VR A15 ME (5))



| 1-19878 | | em 16 G620 10- FOR STATE I.J. REGISTRAR | | RTMENT OF | E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH | IENÉ Ó | 2 3 0 | 3 3 |
|---|---------------|--|---------------------------------------|---|--|----------------------------|--|--|
| 13010 | | CEASED NAME FIRST | WICOTE | | AST | | MONTH DAY YEAR | 2b. HOUR |
| e e e | (TYPE | ORPRINT) | h Augustine | Daley | | Sept. 2 | 29,1986 | 9:00PM |
| 1 00 | 3. SEX | | 1. RACE | 5. DATE (| OF BIRTH | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER TYE | AR IF UNDER 24 HRS |
| : 4500 | N. | Male | Caucasian | MONI | .30,1903 | 82 | MONTHS DAY | S HOURS MIN. |
| The same of | 70. BI | RTHPLACE (STATE OR FOREIGN | 7b. CITIZEN OF WHAT COUNT | PY? 8 | | | YRS. COUNTY OF DEATH | |
| # 15 g/s | (| OUNTRY) | TICA | WIDOWI | D NEVER MARRIED DIVORCED | | | *** |
| 977 | | lassachusetts TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME | | Baltimor | DN 17b. KIND | OF BUSINESS OR |
| - 1 H VOC |) _ | 221+imara | E 7 4 9 Codon | | 7-4 D 2120 | (TYPE OF WORK FOR MOST OF | | |
| | USUA | Baltimore AL RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION, GIVE RESIDENCE B | EFORE ADMISSION | Apt.D, 2120 | | 200 | ver Bros |
| MARYLAND 2120 red — Iffilin 24 proplemely still d in and 2 should be fill cond 2 should be fill cond 2 should be fill | | TATE 136 COU | | | 1 | 13e STREET ADDRESS / | | 21206 |
| 1 44 1 | | THER'S NAME | I Balt: | imore | YES NO | 5748 Cedo | onia Ave, | Apt.D. |
| 1 15 | | FIRST | MIDOLE LAST | | FIRST | WIDDLE | | LAST |
| 1 1000 | | Daniel Daley vas deceased ever in u.s. ar | THE PROPERTY OF THE PROPERTY OF | SECURITY NO. | unknown 17 INFORMANT | ADDRE | 25 | |
| and one | (1 | ES, NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES! O.12 | 10-672 | | | | |
| # 85 5 | I | 10 | 010- | 12-672 | Robert F. | Daley, Sor | | |
| at a special at | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly ane cause per line far (a), (b | i, and (ci.) | | | BETWEE | OXIMATE INTERVAL EN ONSET AND DEATH |
| ST., | | | TE CAUSE (o) | TRUKE | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The law requires that the death cor- offending physician. Ifter this certificate has been signed by the attracting as the burial-transit permit. Then please remove carbo though Amental Hygiene prior to burial, certaining, are acked as them 18 shows any injury, as other transmitter acked as them 18 shows any injury, as other | | | DUE TO, OR AS A CONSE | OUENCE OF | | | | |
| dea | | Canditians, if any, which gave rise to immediate | (16) GEMERAL | 1250 HR | TERNOSCLE RET | IC CATEBIOU | 43 CULANL | |
| 4 4 4 5 | | couse (a), stating the | DUE TO, OR AS A CONSE | OUENCE OF | DISEASO. | | | |
| that that d by d by ol, c | | underlying cause last | (c) | | | | | |
| s, 20 | 7 | | CONDITIONS CONTRIBUTING | | | | | lios |
| en s ar to r mju | CERTIFICATION | O BUOLUTE | | TULA | & HISTORY | | | uline. |
| s be pring | ICA | 190. DATE OF OPERATION | 196 CONDITION FOR WH | | | 20a AUTOPSY? | 20b. IF YES, WERE FINI IN CERTIFYING CAUS | |
| The sidn. | RTIF | , , , , , | RIGHT LO | wer L | | YES NO | YES 🗌 | NO 🗆 |
| hysic ircon Hygel 18 s | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216. TIME OF INJURY | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART ? | 9 |
| SICING P P P P P P P P P P P P P P P P P P P | CAL | (IF EITHER, NOTIFY MEDICAL EXAMINE | | 19 | | | | |
| PHYS and in day of day is day in day | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | FICE FARM ETC.) | 211 LOCATION STREET | CITY OR TOY | VN COUNTY | STATE |
| offer of the hon | 2 | WHILE NOT WHILE AT WORK | | , | | | | |
| L Q T G G G G G G G G G G G G G G G G G G | | 220.1 certify that (1) (this hosp | ital) attended the deceased fro | | M951 19.84 | 10_ SEPT | | |
| Porto prito for Hole | | saw the deceased alive on above, (I) (we) (did) (did no | at) view the body after death. | 9 56 ,0 | nd that in (my) (aur) opinion | death accurred on the da | te and have and from t | he causes stated |
| OR A DIRECTOR A DIRECTOR A DEPT FEED | | 22b. SIGNOATURE | 12000 | 0 | DEGREE | | 22c. DA | TE SIGNED |
| the the Date Date Date Date Date Date Date Dat | | tone (. | · Valley | | M. D. ATTENDING | DIRECTOR PHYSIC | IAN O | 12/6 |
| HOSPITAL ned by the FUNERAL vid be det or the Stote | | 226. PHYSICIAN NAME (TYPE | OR PRINT) | 7 | 22e ADDRESS | | wson, Md | 21204 |
| | | Dr. Lone | Villa, M.D. | | 120 Sict | er Pierre | | |
| of of ship with my | | URIAL, CREMATION, REMOVAL | | 23c NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | |
| BP | 1 | Burial | 10/3/86 | Holy | Redeemer | Ral+in | nore, Md. | STATE |
| DHMH - 16 50M 4/83 | 24 FL | NERAL DIRECTOR | | | ms Lane 250 DAI | E REC'D. BY REGISTRAR | Sh REGISTRAR'S SIGN | ATURE |
| (VRA 15, 4) | 0 | CHIMINEK FIIN | | | | DCT 03 1986 | grilla bande | W. Notherar |

SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

| | | | 1 - | FOR STATE | | | DEPAI | RTMENT OF H | E OF MARYLAND EALTH AND MENTAL I | HYGIENE | 6 | 2 | 5 0 | 5 4 |
|----------------------------|---|----|---------------|--|-------------|-------------------|------------------------|----------------|---|--------------|------------------|-----------------|----------------|-------------------------------------|
| nn- | 16968 | | | REGISTRAR | | | | | ICATE OF DEATH | 1 | REG. N | | | |
| 00 | | | | CEASED NAME | FIRST | | WIDDLE | | AST | 2a. DA1 | E OF DEATH | MONTH | DAY YEAR | 2b HOUR |
| | page 3 | L | | | TOHI | J | | DI | MERON | | 9 | 12 | 186 | 612 W |
| | m be | 3 | B. SEX | | | 4 RACE | | 5. DATE C | | 6. AGE | (IN YEARS LAST B | RTHDAY} | MONTHS DATE | |
| | s of | - | | M | 4.73 | 15 | | MONIF | 22 19/ | 7 | 69 | YRS. | MONTHS DATS | HOURS MIN. |
| - | of the | 22 | a. Bli | RTHPLACE (STATE OR FO | REIGN I | 76. CITIZEN OF | WHAT COUNTR | Y? 8 | 1 | 9 BAIT | IMORE CITY | | OFDEATH | |
| | # 15 8 | - | | VA | 1 | Us | Δ | WIDOWE | NEVER MARRIED DIVORCED | 7 | | Ball | La. ~ | e CityMD. |
| | 2 9 | - | 10, C) | TY OR TOWN OF DEAT | Н | 11. NAME OF | HOSPITAL, NUR | SING HOME C | OR OTHER INSTITUTION | | UAL OCCUPAT | ION | 12b KIND (| OF BUSINESS OR |
| -1 | 10 | - | 8 | Baltimo | 00. | | ICH FACILITY, GIVE STR | | Am Hage | (TYPE OF | WORK FOR MOST | | FEI INDUSTRY | |
| 26 | 1 1 | 1 | USUA | A RESIDENCE (IF NURSIN | | OTHER INSTITUTION | | WARYL | MOI HOST | , , | AINTE | | | |
| 93 | # 15 h | 1 | 13a. S | TATE | 36 COUN | TY | 13c CITY OR TO | NWC | 136 INSIDE CITY LIMITS | | EET ADDRESS | | | 7 |
| 3 | 1 12 | | A EA | THER'S NAME | | | BA17 | | YES NO | | 46 N. | MONE | ve st | 2.12.17 |
| AR | wil det | - | - | FIRST | N | AIDDLE | LAST | | FIRST | NAME | WIDDLE | | LA | AST |
| × | orted v | (| | אוןסכ | | | DAMe | - P | SAlome | e | | K | right | - |
| BALTIMORE | ond a oges | 1 | | AS DECEASED EVER IN | | 2-12/45 | 166 SOCIAL SE | | 17 INFORMANT | | ADDF | RESS | -4 | |
| X | s. Po | / | | yes | 10/42 | 2-12/45 | 212 0 | 38673 | DAMER | LON | BE | €5128= | | |
| BAL | physicia poper moval. | | | 18 CAUSE OF DEATH | (Enter onl | y one couse pe | er line for (o), (b), | and (c).1 | | | - | | BETWEEN | XIMATE INTERVAL NONSET AND DEATH |
| | certific ng phy banpo | | | PART I. DEATH WA | | E CAUSE (b) | CARDIC | SPULA | LONARY AR | REST | | | | |
| W. PRESTON ST | | | | | | | OR AS A CONSEC | TIENCE OF | Maria de la Companya | | | | | |
| STC | death ca attendin ave carb tian, ar i | | | Conditions, if ony, | which | (6) | or as a consec | | NOWN-J | | | | | |
| 8 | - 0 E 0 + | | | gove rise to imme | ediote | DUETO | OR AS A CONSEC | | 1 0.1 | 2. 00 | d stay | o Cot | 20 | |
| | by by oth | | | underlying cause | lost. | 100000,0 | DR AS A CONSEC | DUENCE OF Y | most raines | struki | rabien | | ne lah | le modine |
| 201 | es pla | | | PART 2. OTHER SIGN | FICANTO | ONDITIONS C | ONTRIBUTING I | O DEATH BUT | NOT RELATED TO THE T | FRMINAL DIS | | | VEN IN PART 1 | Probleman |
| SDS, | guire sign Then p to bu | | NO | 1. / | come | u. P | on no | utu 6 n | CAPA | | cheri | | EIT IIT ART | - Justine |
| Ö | beer mit. | 0 | ATE | 190 DATE OF OPERATI | ON | 19b. COND | DITION FOR WHI | CH OPERATIO | N WAS PERFORMED | | AUTOPSY? | | S, WERE FINDI | INGS USED |
| 8 | ne los | 9 | IFIC | | | 100 | | | | YES | | IN CERTIF | FYING CAUSE: | S OF DEATH? |
| DIVISION OF VITAL RECORDS, | hysicia icate h ransit Hygie 18 sha | + | CERTIFICATION | 21a. ACCIDENT WAS UNDE | RLYING | 21b. TIME C | OF INJURY | | 21c HOW INJURY OCC | | | | ES DEBART 21 | NO 🗆 |
| > 7 | 75 25 5 | | | OR CONTRIBUTING CA | USE OF DEAT | HOUR A | .M. MONTH | DAY YEAR | | COMMED (EN | EK MATORE OF HAD | DRI IN HEM IS I | ART TORFART 2) | |
| N | SIC | 71 | MEDICAL | (IF EITHER NOTIFY MEDICA | | | OF INJURY | 19 | 21f LOCATION | | | | | |
| oisi | | 1 | ME | WHILE NOT WHILE | | (AT HOME ST | TREET, FACTORY, OFFIC | CE, FARM ETC] | STREET | | CITY OR TO | NWC | COUNTY | STATE |
| 2 | Or Post | | | AT WORK - AT WORK | | | | | 1010 | , | | 1 | - | |
| | END Tologo Fruse Heal | | | 220 I certify that (I) (| | | / 4 | 6/ | 7/2 1981 | , to_ | | | 19 0 6 | that (I) (we) last |
| | 1 g 1 g 7 | | - | sow the deceased above, (I) (we) (die | d) (did not | view the body | y after death. | | d that in (my) (our) opin | ion death ac | curred on the d | date and how | r and from the | causes stated |
| | OR A DIREC Dept. | | | 22b. SIGNATURE | - 1. | | | | DEGREE | | 041 | | 22c. DATE | SIGNED |
| | _ ± _ ± o _ | | | | . 10 | Tuy | in m | (1 | ATTENDING PHYSICIAN | | TOR PHYSI | | 9/ | 2/8-6 |
| | HOSPITAL Ined by th FUNERAL uld be den othe State | | | 22d. PHYSICIAN'S NAM | ME (TYPE OR | PRINT) | | | 22e ADDRESS | | | | | |
| | | V | | THUY | VI | NGU | YEN | | UNIV E | of. | MARY | LAN | D M | DSPITAL |
| | 5 € 5 € ₹ ₹ | 7 | 23a B | URIAL, CREMATION, R | EMOVAL | 23b DATE | | L NAME OF C | EMETERY OR CREMATO | | OCATION | | | |
| | BP | | - | BuciAl | | 9-6- | -86 | GAR | say Form | f | CITY OR TOWN | a Mille | COUNTY | STATE |
| | | 2 | | NERAL DIRECTOR | | | | | | - | | 256 REGIST | RAR'S SIGNA | |
| | DHMH - 16 60M 7/8 (VRA 15, 4) | 54 | 1 | NAME P | R. | VACIN | 12 ADDRES | K. No | 41 4 | SFP4 | 1986 | | \$\\$m\~ | |
| | 9 | Ŀ | | ALLI | 211 | NO IT | 1000 | Vr. 140 | Th Tree | - to 1 A | 1000 | 1 | | |

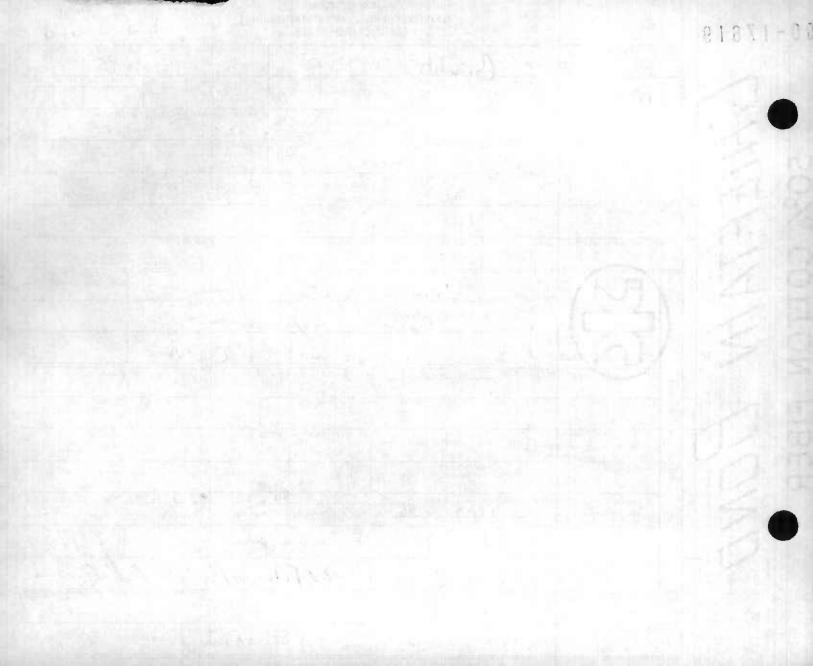
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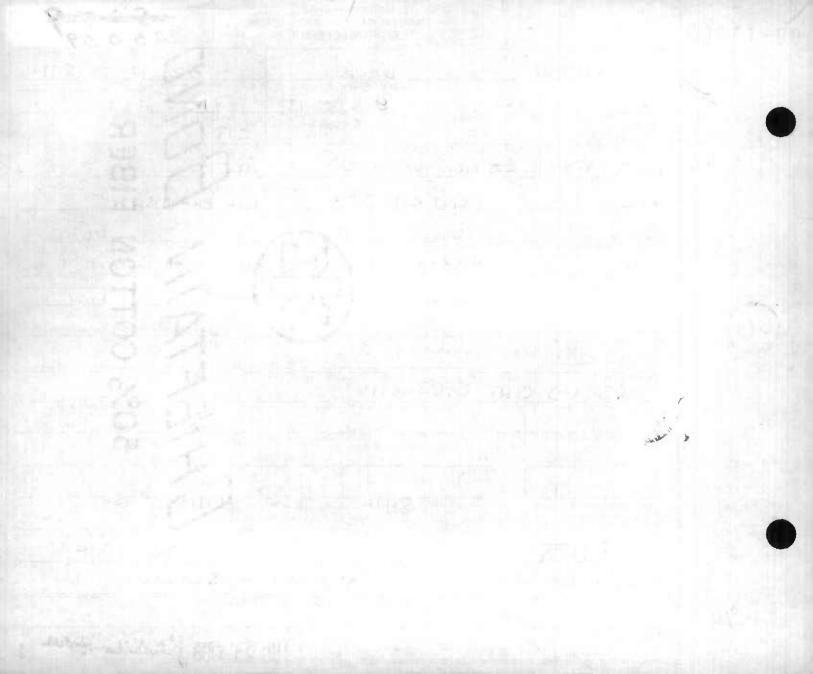
| 10207 | 1- | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH | | 2 5 | 05 | 6 |
|--|---------------|--|--------------------------|---------------------------|----------------|--|--------------------|--------------------------|--------------------------|--------------|
| 10201 | | CEASED NAME FIRST | | MIDOLE LAST | | | 20. DATE OF D | ATH PAONIH | DAY YEAR 2 | No. HOUR |
| 4 40 | | _ JOSEPH W. DANTO | | | | | 130 AM | | | |
| | 3. SE | Male | White | | NOV. | 6,1°914 YEAR | 6 AGE (IN YEAR | S LAST BIRTHDAY) YRS | | HOURS MIN. |
| 100 | 7a. B | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WI | HAT COUNTRY? | MARRIEI WIDOWE | NEVER MARRIED | XI | city <u>or</u> county | | MD. |
| 1-1287 | | ltimore | (IF NOT IN SUCH F | ACILITY, GIVE STREET | ADDRESS) | R OTHER INSTITUTION | | R MOST OF WORKING LIF | E) INDUSTRY | BUSINESS OR |
| 1 12 2 | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 136. COUN | OTHER INSTITUTION GI | 3c. CITY OR TOW | ADMISSION) | 134 INSIDE CITY LIMITS? | 13e.STREET AD | orer, Co | | |
| | | ryland = | WIOOFE | Baltin | | YES NO NO STATE NO ST | NAME | lilliam MODLE | St Bald | to Md. |
| A STOKEN | | Francis | | Danto | | Bertl | | | Hysor | |
| Poper Poper medical | | VAS DECEASED EVER IN U.S. AR YES. NO OR (UNKNOWN) (IF YES, GIV | E WAR OR DATEST | 66 SOCIAL SECU 212-22- | | Mr.Rober | | 0 | | lto.Bld |
| ow requires that the dec been signed by the offer mit. Then please remove prior to buriol, cremotion ony injury, or other trour | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| (c)CONDITIONS <u>CON</u> | | DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE C | Y? 20b IF YES | S, WERE FINDING | GS USED |
| hos hos | RTIFIC | | | | | | | YE YE | FYING CAUSES C | NO [|
| PHYSICIAN: The anding physicion this certificate in this certificate in the buriol-transit and Mental Hygue dor them 18 should be a second or them. | | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. | MONTH DA | AY YEAR 19 | 21c. HOW INJURY OCC | URRED (ENTER NATUR | E OF INJURY IN ITEM 18 F | PART I OR PART 2) | |
| offendir offendir ter this is the bu hond M rked or | MEDICAL | 2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK | | T, FACTORY, OFFICE, F | | 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| RATIENDIA hospitol or RECTOR: Af ed for use of pt, of Health | | 220.1 certify that (I) (this hosping saw the deceased alive on above, I) (we raid (did no | ital) attended the | deceosed from | 86_, or | d that in (my (our) opinion | , to | on the date and hou | 19, the rond from the co | ouses stated |
| the It of the It | | 226 SIGNATURE OVER | n m | | | | MEDICAL DIRECTOR | STAFF PHYSICIAN | 22c. DATE SI | IGNED . |
| TO HOSPITA retoined by TO FUNERA should be de with the Stat | | 22d. TY CIAN'S NAME (TYPE OF | | | | 270 ADDRESS 4940 EAS | | | r no | 21224 |
| BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 236 DATE 8/22/ | | | emetery or cremator on Cemt. | Ballt | imore, | Märylar | nd STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | UNERAL DIRECTOR NAME [CCully Funer | Balto. | | | C | EP.1 8 198 | STRAR ISE REGIST | RAR'S SIGNATUI | E DE |

| | | 1- | FOR STATE | DEF | PARTMENT OF HEALTH AND MENTAL HY- CERTIFICATE OF DEATH | 0 4 0 | 5057 |
|--|---|---------------|--|---|---|--|--|
| 0 - | 10000 | 1 DE | REGISTRAR EASED NAME FIRST | MIDDLE | tast | RE NO. | DAY YEAR 126 HOUR |
| U - | 8 8 0 3 | | OR PRINT) Madeli | | Davenport | 9/17/86 | DAY YEAR 26 HOUR 555 M |
| | | 3. SEX | | 4. RACE | 5. DATE OF BIRTH | & AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | rector ors of | | Fevale | Black | MONTH DAY YEAR 26 | 60 YRS | MONTHS DATS HOURS MIN. |
| | nerol din n 72 hou | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUNT | Y OF DEATH |
| 54 | s offer d by the fu ifed withi | 10 CI | Bultinone | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE | NURSING HOME OR OTHER INSTITUTION VE STREET ADDRESS) OF I (a) law HOS PILW | 120. USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING LI | 126. KIND OF BUSINESS OR INDUSTRY |
| AND 212 | Alled in conid be much Se | 13a S | RESIDENCE (IF NURSING HOME OR TATE 136 COUN | | | 130.STREET ADDRESS / ZIP COD 2532 NO 40 | 1a Northway |
| MARYL | and with | 14 FA | THER'S NAME EIWOOD | MIDDLE RIA | 15. MOTHER'S MAIDEN NO | AME MIDDLE | LAST |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | | | (AS DECEASED EVER IN U.S. AR/ | MED FORCES? 166 SOCIAL REWAR OR DATES) 215- | 18-3305 Penton Da | wenport 2532 | Loyola Northur |
| T., BALI | W | | 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIAT | D DV | (b), and (c.) o hulusury arrest | | ABROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| STON | Heading we corbi ton, or ton, or | | Conditions, if ony, which | · 5 dogs | | | |
| W. PRE | equires that the deal signed by the atter. Then please remove. to burial, cremation niury, or other troum | | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CON | | arciviri. | I worth: |
| 105, 20 | quires the signed the ples to burion njury, or | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTION | NG TO DEATH BUT NOT RECATED TO THE TER | MINAL DISEASE OR CONDITION GI | VEN IN PART 1101 |
| L RECOR | The low re- iction. It has been asit permit. Tiglene prior shows any is | CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITION FOR W | which operation was performed | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\bigcap \) NO \(\bigcap \) |
| OF VITA | phys phys phys pl-tro fol Hy | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | TH DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | |
| VISION | PHYS Hending the bur and Me ed or th | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, C | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| 0 | TENDING Italian TOR, After or use as of Health of Is mark | | 220.1 certify that (I) (this haspit | 6/12 | 6.1 | death occurred on the date and ha | 19, that (I) (we) last |
| | L OR AT the hosp L DIRECT stoched f e Dept. o E Them 2 | | 27h SIGNATURY | La Company other death. | DEGREE | MEDICAL STAFF | 271. DATE SIGNED |
| | retoined by the retoined by the TO FUNERAL should be detroited with the State with the State | | Gordon (| 1 Telepun | MIN 22 SG | | ND |
| | BP | 23a B | URIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 9/23/86 | 236 NAME OF CEMETERY OR CREMATORY Garrison Forest Vet | | COUNTY |
| C | OHMH - 16 60M 7/B4 (VRA 15, 4) | 24 FL | ineral director lanche Funeral Home I | West 4300 Wabasi | PRESS AVenue | SEP-ZYZE4986 251, REGIS | TRAR'S SIGNATURE |

STATE OF MARYLAND



| 00-16005 | STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR TAKEN THE DESTRUCTION OF THE DEATH MONTH DAY YEAR TAKEN THE DESTRUCTION OF THE DEATH MONTH DAY YEAR TAKEN THE DESTRUCTION OF THE DEATH MONTH DAY YEAR TAKEN THE DESTRUCTION OF THE DEATH MONTH DAY YEAR TAKEN THE DEATH DAY THE DAY THE DEATH DAY THE DAY THE DEATH DAY THE | | | | | | | | |
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| o e o e o e o e o | | AUSTIL | | ha | 20.0 | | | YEAR CO HOUR | |
| moy be | 3. SE | | 4. RACE | 5 DATE OF | Date of the second | 6 AGE (IN YEARS LAST BIR | | NDER I YEAR IF UNDER 24 HRS | |
| de se | | M | B | B. | DAY YEAR | 7.6 | YRS | HS DAYS HOURS MIN. | |
| neral dir in 72 hou | | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED WIDOWED | NEVER MARRIED DIVORCED D | 9 BALTIMORE CITY C | | DEATH MD. | |
| February February | 10 € | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OF | | 120 USUAL OCCUPAT | | 26 KIND OF BUSINESS OR | |
| by filled | | BALT CITY | EST NEW H | 057 IV | ~ | 1257 | WORKING (IFE) | NOOSIKI | |
| ND 21 | 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR | VN | 134 INSIDE CITY LIMITS? | 130.STREET ADDRESS | ZIP CODE | 21216 AVE | |
| MARTIN MARTIN | 14 F/ | ATHER'S NAME PIRST | MIDDLE DOWN | | 15 MOTHER'S MAIDEN NAM | | | Bulcer | |
| MORE. | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV | MED FORCES? 166 SOCIAL SECULE WAR OR DATES! 423-05 | JRITY NO2483 | Sandra I | Bulger 3 | 36 Das | riel St NJ | lso |
| tw. PRESTON ST., BAI for death conflicts by the attending phylic care reminered from prope I. commission, or removal other traunitatic event, th | | PART I. DE ATH WAS CAUSE | DUE TO, OR AS A CONSEOU | ENCE OF | 4851 / TED | ARREST | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MILY | |
| ORDS, 20, | TION | ASCVD | CHE CIRR | H021 | \$ | | × 13 | | |
| AL RECO | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDÍTION FOR WHICH | OPERATION | WAS PERFORMED | YES NO | 206. IF YES, W IN CERTIFYING YES | G CAUSES OF DEATH? | |
| NG PHYSICIAN, The other this certificate to stee buriol-transit the and Mentol-Transit the and Mentol Hygies orked or tem 18 shp | ar. | 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH D | AY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I | OR PART 2) | |
| DIVISION DING PHYS Or or tender this e os the bu | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | | 211. LOCATION STREET | CITY OR TO | wn | COUNTY STATE | |
| R ATTENDIN hospital or of the for use as the form the form as the form as the form the form as the form the form as the form the | 1 | saw the deceased alive on | otal) attended the deceased from 19 | OS II | that in (my) (aur) opinion a | , to | | that (I) (we) last d from the couses stated | |
| toche Philipping | | 276 SIGNATURE | | | | MEDICAL STA DIRECTOR PHYSIC | | 22c. DAYE SIGNED | |
| CO HOSPITAL TO FUNERAL should be det with the Store | | 1,400 | MATES | | NOW HOSP | | 'WD | | |
| BP 0/0 | | BURIAL, CREMATION, REMOVAL | | | n Cemetery | Baltimo | re | утичу МО | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | uneral director 1arch Funeral Ho | ome West 4300 Wa | bash A | | REC'D. BY REGISTRAR | 256 REGISTRAR | AND ALL AS THE REAL PROPERTY. | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH DAY YEAR 26 HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH MONTH 1905 **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED tooltomore WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Steel Corp. Crane Operator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GOVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 2521 Christian Street, 21223 Maryland YES X NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Weirschnitzer Thomas Davis Anna ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) Catherine A. Davis, 2521 Christian Street 213-10-0118 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 33 day IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Asterioscleratic Cardiovascular Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Adeno carcinoma rostate 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTHEY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on Sept. 13 , and that in (my) (aur) apinion death occurred on the date and have and from the causes stated ō abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be 0 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIEV) Elkridge

Meadowridge Mem. Park

Maryland

Howard

9/16/86

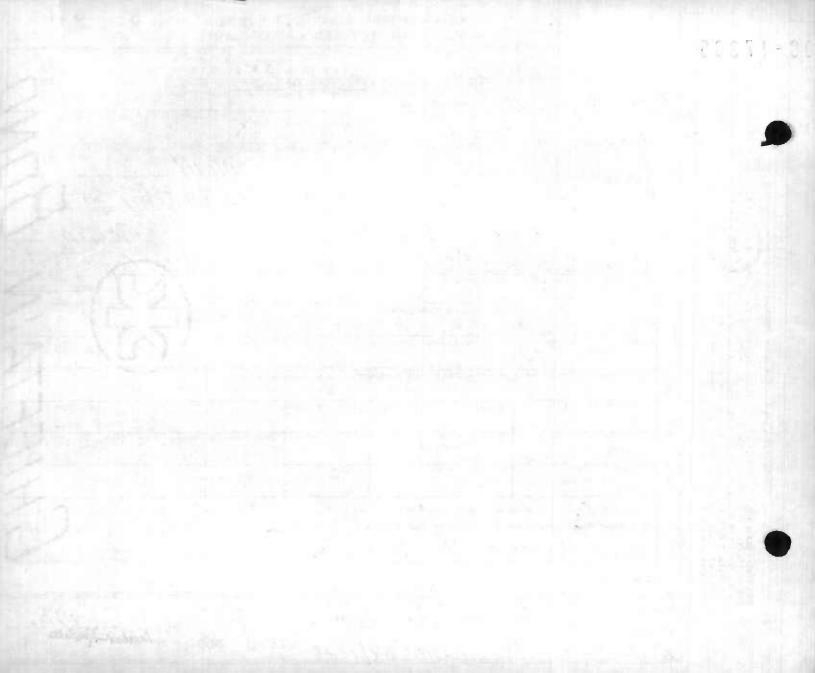
Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

| | | | 1 | | | | SIAIE | OF MARYLAN | ID . | ,4 | 1') | in 13 | 4 | |
|--------|-------------------|---|--|---|---------------------|--------------------------|---------------------------------|------------------------|---------------------|----------------------|--------------|------------------|---|--------------|
| | | | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE) | | | | | | | 2 0 | 0 1 | | | |
| | | 7 | 1. | REGISTRAR | M | EDICAL EX | KAMINE | R'S CERTIFIC | CATE OF DE | ATH | REG. N | NO | | |
| J [] - | | 7365 | | ECEASED NAME FIRST | | MIDDLE | | LAST | | 20. DATE | | X MONTH | DAY YEAR | Izb. HOUR |
| | | HI | (T) | PE OR PRINT) | | TT | | Darria | JR. | OF | ESTI- | | | 10.11001 |
| | | PLEASE COTOR FILES HOUR | 0.05 | Ernes | | н. | . 0.5 | Davis | | | MATED | _ , . | 19 86 | M |
| | | # 5 E S E | 3. SE | X 4 RACE | 5 DATE OF BIRT | VEAD | AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS | 20 DATE | | MONTH | DAY YEAR | 1 . 25 |
| | | N 25 5 5 5 |) 1 | MALE NEGRO | 10-31 | 1-44 | 4/YRS. | | HOURS MARY | DEAD | | 9-5 | 5 19 86 | 1:25 a. M |
| 100 | | NEGESSARY UNERAL DIR 5 FOR YOU WITHIN 72 W. PRESTON | | SIRTHPLACE (STATE OR | 76. CITIZEN OF | | Y? B | | | 9 BALTIM | ORE CITY | OR COUNTY | | 781 |
| | | 20 A C A C A C A C A C A C A C A C A C A | F | OREIGN COUNTRY) | 74.5 | - 11 | | MARRIED NE | DIVORCED | D-1 | 44 | - 0:1- | | 1 |
| | 4 | LAY IS NECESSARY, PLEASE OF THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. E. FLEED WITHIN 72 HOURS. S. 20 W PRESTON STREET, | 10.0 | DITY OR TOWN OF DEATH | DI NIAME OF H | OCDITAL MILIDS | | VIDOWED L | | Ba 1 | | re City | 2b. KIND OF BU | MD. |
| | | Y IS EEEE CEEE | 70.0 | ON TOWN OF DEATH | | FACILITY, GIVE STRE | | K OTHER INSTITUT | | R MOST OF WOR | | YPE OF WORK | OR INDUST | |
| | | A CANA | F | Baltimore | Sinai | Hospit | al | | / | Mode | ./ | | | |
| | 5 | ANY DELA | | AL RESIDENCE (IF IN NURSING HOME O | | | R TOWN | | THE CT | 0557 40005 | | 217 | 11 | |
| | 21201 | ANY | 130. | mil) | | 130.00 | 2/17 | 13d INSIDE CI | NO D | REET ADDRE | Poto | hall | 5-1- | |
| | MD. | - S. S | 14.6 | ATHER'S NAME | | | 11- | | R'S MAIDEN NAM | 5 001 | 11101 | VER | | |
| | * | 6 300 | | g-FIRST | MIDDLE / La | LA LA | ST. | CO | RST | M | NODLE | w | LAST | |
| | SE I | 83838 | - | ERNES 1. H | terpork, | | 4115 | SK1 14 | nn | | | 11/01 | JON | |
| | Ĭ. | 出るのの意 | | WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (JEYES, GIVE | AED FORCES? | 166. SOCIA | L SECURITY N | IO. IT. INFORM | MANT | | ADDRES | SS | # | 2/2/5 |
| | BALTIMO | 2200 / | 7 | Ves Une | newor | with. | xour | HNN | YHELTE | 11 3 | 700 | 5 CAD | levik | d |
| | | N N N N N N N N N N N N N N N N N N N | | CAUSE OF DEATH (Enter on | y ane cause per li | ne far (a), (b), a | ind (c).) | | | | | - | | E INTERVAL |
| | PRESTON ST., | 5108A7 | CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blunt TRauma of Head; stab wound of face | | | | | | | | | | BETWEEN ONSE | T AND DEATH |
| | 0 | MEGES S | | IMMEDIAT | | OR AS A CONSI | | L Head, 3 | cap wour | <u>u 01 1</u> | acc | - | | |
| | EST | MER ALC ANSIT P ALL HYG REMOV | | Canditians, if any, which | 00210,0 | DR AS A CONSI | . WOLINCE OF | | | | | | 3000 | |
| | | # PASSES | | gave rise ta immediate (b) | | | | | | | | | | - 20 |
| | 3 | War Service | | cause (a) stating the under- lying cause last. | DUE TO, C | OR AS A CONSE | QUENCE OF | | | | | | | |
| | 201 | "PENDING" IN FER MEDING" IN FER MEDICAL ENSED AS A BURILLE HEALTH AND ME L'UCE CREMATICON IN FER MEDICAL ENSEMATICON IN FER MEDICAL ENSEMBLE EN FER MEDICAL | | Tyling coose last. | (c) | | | | | | | | | |
| | RECORDS, | A AN | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEA | IN BUT NOT RELATED | TO THE TERMINA | L DISEASE OR CONDITION | GIVEN IN PART 1 (a) | | | | | |
| | 0 | S A SEE | Z | | | | | | | | | | | |
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| | | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BAUTIMORE, MARYLAND, 2 | 1 | | | | | ADDRESS_ | | | Daiu | J., Plu | • 2120 | <u> </u> |
| | | EDZEES | 2 1 | SURIAL CHEMATION, REMOVAL 2 | 36 DATE | 23c. NA | ME OF CEME | ERY OR CREMATO | DRY 23d L | OCATION Y OR TOWN | 7 1 1 | COUNT | Y | TATE |
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| | ALDIRECTOR. YOU'P FILES. STON STREET, | 3. SE | | | 5. DATE OF BIRTH | | GE (IN YEARS IF UN | AVIS | ER 24 HRS 26. DAT | | MONTH | DAY | YEAR 2d HOUR | |
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| | お手が出する | 10.C | CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W | | | | | | | | | |
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| WD. | E-2087 | 17 | ATHER'S NAME FIRST | | MIDDLE | LAST | , | 15. MOTHER'S MAII | DEN NAME | MIDDLE | | LAST | | |
| E. | AH LED C | V | Charles | > | | DAVI | 5 | Ella | | | | JUN | 185 | |
| MO | MAGNA / | 16a. \ | WAS DECEASED EVER | IN U.S. ARM | ED FORCES? | 166. SOCIAL S | ECURITY NO. | 17 INFORMANT | | ADDRES: | | | | |
| BALTIMORE, | URS AFTER 8. GIVE PA WITH FOR IT. PAGES I DIVISION | | Yes | | NII | 219- | 10-8002 | Mrs Eliz | a beth Box | 166 | 02 V. | in cen | + 29. | |
| 60 | # m \$ - 0 | | 18 CAUSE OF DEAT | H (Enter only | one cause per line | for (o), (b), and | (e).) | | | | | APPRO | DXIMATE INTERVAL | |
| IST | 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D | 1 | PART I DEATH W | /AS CALICED | DV | | . , , | ardiovaco | ular disea | 250 | | BETWEEN | N ONSET AND DEATH | |
| Õ | WANG RES | | | IMMEDIATE | | AS A CONSEQU | | arurovasc | utar utsea | 250 | | | | |
| PRESTON | L A A I | | Conditions, if | ony, which | 1 | | | | | | | 170 | | |
| | A PAR | | gave rise to couse (a) stating | | (b) | | | | | | | | | |
| 201 W. | UTED WITH IN PENCIL EXAMINER RIAL - TRAN D MENTAL ON, OR RE | | lying couse lost. | me <u>under</u> - | DUE TO, OR | AS A CONSEOU | JENCE OF | | | | | | | |
| | 2 - 2 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | | | | (c) | | | | | | | | | |
| RECORDS | ATE SHOULD BE EXECUTED WITHIN 24 HOURE WORD "PENDING" IN PENCIL IN ITEM 18 THE CHIEF MEDICAL EXAMINER ALONG YID BE USED AS A BURIAL - TRANSIT PERMIT PERMIT OF HEALTH AND MENTAL HYGIENE, TO BORIAL, CREMATION, OR REMOVAL. | 1_ | PART 2 OTNER SIGNIFICAN | IT CONDITIONS CI | ONTRIBUTING TO GEATH | BUT NOT RELATED TO | THE TERMINAL DISEASE | OR CONDITION GIVEN IN | PART 1 (al. | | | | | |
| 8 | A S A S A S A S A S A S A S A S A S A S | CERTIFICATION | | | | | | | | | | | | |
| | SHOULD ORD "PE CHIEF A E USED A T OF HE | 18 | 19a. DATE OF OPERA | ATION | 196. CONDI | TION FOR WHIC | H OPERATION W | AS PERFORMED? | | | | 20 AUTO | OPSY? | |
| | SHOUL ORD "F CHIEF CHIEF TOF HI | E | | | | | | | | | | YES | □ NO 【X | |
| OF VITAL | HA HOUNG | 1 % | 216. EXTERNAL CAU | | 216 TIME OF | | 21c. HC | OW INJURY OCCUR | RED (ENTER NATURE OF | NJURY IN ITEM 18 | PART 1 OR PAR | 1 | | |
| | SHOW | | UNDERLYING CONTRIBUTING | OR CALISE OF D | | . MONTH DAY | | | | | | | | |
| Sico | CERTIFIC TING TH 3 SHOU DEPART | MEDICAL | 21d INTURY OCCUR | RED | 21e PLACE | | 19 HOME. 211. LO | CATION | | | | | | |
| DIVISION | S CE | A B | WHILE NOT AT W | WHILE | STREET, FAC | FORY, FARM, ETC.) | 5 | TREET | CITY OR T | OWN | cou | YTAL | STATE | |
| | TSSAGE | | AT WORK - AT W | /ORK | | | | | | | | | | |
| | ATE SHE STE | | 22a I certify that | I took charge | of the remains des | cribed above, he | eld an Autop | sy , Inspect | ion X, Inquir | y . a | nd in my op | noini | | |
| | N C C C C C C C C C C C C C C C C C C C | | death resulted from | n Natura | I causes X, | Accident . | Suicide | , Homicide . | Undetermined n | nanner . | | | | |
| | ARY ARY | | 1940 | | | | | TITLE (SPECIFY) | | | | | | |
| | A. A. | 100 | ACTUAL SIGNATURE | 1/. | - 01 | | 44 | Assistan | t | AAINIED. | DATE | 9/ | 8/86 | |
| | SER SE | | SIGNATURE | | // | | | 0-1000000 | MEDICAL EXA | MINER | SIGNE | 0 | 0,00 | |
| | MEDIC CUTE TI SE 4 SF FUNER ER DEA | | EXAMINER'S NAME | Will | iam M. Za | ane, M.D |). | ADDRESS 11 | 1 Penn St | . Bal | to.MD. | | | |
| | TO MEDICAL EXAMINER: TIE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | 730 0 | URIAL, CREMATION, R | | | | OF CEMETERY O | ADDRESS | 236 LOCATION | | | | | |
| | | (1 | SPECIFY | | | 1 120 | (| 1 | CITY OR TOWN | | CONN | HISTORIA | STATE | |
| 07/84 25M | BP | 74 F | C Vemait | 1001 | 5 ept. 1 1, 1 | 784 10 | r closs 1 | ~ 1 | E REC'D. BY REGISTR | IMAVE | ISTRAR'S SI | , | - ch | |
| | DHMH - 17 | | NAME OF ECTOR | | ADDRESS | | <u>*</u> 1 | ACD D | - 4006 | AR ZJB REG | ISTRAK 5 SI | CHAIURE | | |
| | (VR A15 ME (5)) | 1 | ANRIDA LIK | 2235 | 7771 | AI AI W | Pa Aliza | ALD 7 | C 1000 () | | | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 26. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-William SAMUEL DEATH MATED Davis 9-6 19 86 4 RACE DATE OF BIRTH IF UNDER 1 YR. SEX AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 86 MALE DEAD BLACK Z S YRS a. M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY MARYLAND Baltimore City, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ABORER JBA CHEVROLET Baltimore 3000 blk. Seabury Avenue 130 STREET ADDRES ALTIMORE, MO. 21225 3a STATE 13d. INSIDE CITY LIMITS? ROUNDVIEW ROAD BALTIMORE MARYLAND NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ROSA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO BALTIMORESSMO. 21207 213-96-1160 ROSA M. MAVNOR 4910 CHALLEDON RD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stab Wound of Back of Chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION TWENT OF HE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [X] NO [210. EXTERNAL CAUSE WAS 116. TIME OF INJURY APPLOX. HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 XXOR UNDERLYING subject was stabbed CONTRIBUTING CAUSE OF DEATH 12: 1.5AM 9-6 19 86 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 3000 blk. Seabury Avenue, Baltimore, Md. street EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BAULIMORE, MARYLAND, S AutopsyXX 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Homicide XX Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 9-6-86 SIGNATURE EXAMINER'S NAME 111 Penn St., Baltimore, Md. Margarita A. Korell, M.D. 21201 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE ARBUTUS MGM. PARK BALTIMOLE mo 07/84 250. DATE REC'D. BY REGISTRAR 25). REGISTRAR'S SIGNATURE OF THE PROPERTY OF TH 25M FUNERAL HOME, INC. 11 NEW CERTON SONS DHMH - 17 2501 GWYNNS FALLS PROV, BALTO, MO. 21216 (VR A15 ME (5))

| | | 1- | FOR STATE | | DEPARTM | ENT OF H | OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH | GIENE & | 25 | 066 | | |
|---|--------|---------------|--|----------------------|-----------------------------|-----------|---|---|------------------------------|--|--|--|
| 17246 | | L DE | REGISTRAR CEASED NAME FIRST | MIDDL | E | | SI | REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | |
| oy be deoth | | | OR PRINT) | | | | | September 4 1986 | | | | |
| poge er deoi | | 3. SE | Harold | White Dec. | | | VSON F BIRTH | 6 AGE (IN YEARS LAST BIR | UNDER I YEAR IF UNDER 24 MRS | | | |
| rctor s off | 1 | | Male | | | | . 18 1925 | 60 | YRS | NTHS: DAYS HOURS MIN. | | |
| 11/8 | 22 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHA | AT COUNTRY? | | NEVER MARRIED | Baltimo | | | | |
| 1/1 | \leq | 10 CI | Y OR TOWN OF DEATH | IISA WIDOWE | | | R OTHER INSTITUTION | 120 USUAL OCCUPAT | | 12b. KIND OF BUSINESS OR | | |
| 1 11 | 1 | | Baltimore | Francis Scott Key | | | | (TYPEOF WORK FOR MOST OF WORKING [IFE] INDUSTRY Operating Engineer | | | | |
| 1001 | 25 | 3U/ | AL RESIDENCE (IF NURSING HOME OR TATE 136. COUN | | CITY OR TOWN | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | | |
| T. T. | 0 | | Md. Bal | to | Balto | | YES NO | 1159 Fra | iley W | lay 21206 | | |
| 1 | 0 | 14 FA | THER'S NAME Alvy | R. Dawson | | n | Velva | WIDDLE | S | Smith | | |
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| certificate ing physici rbonpaper ir removal. | | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIAT | Ó BY: E CAUSE (a) | CARDI | ACI | ARREST | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
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| signed hen pli to buri | | N | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | |
| he low re- ran. has been if permit T iene prior | 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | N FOR WHICH | OPERATION | N WAS PERFORMED | 200 AUTOPSY? | | VERE FINDINGS USED NG CAUSES OF DEATH? | | |
| CIAN. TI physica pertificate al-transit ntal Hygis em 18 sho | 9 | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. | JURY MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | I OR PART 2) | | |
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| TTENDIN or use o of Health | | | 22a-1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did na | SEPT- | 2 19 | 200 | d that in (my) (aur) apinian | ta ta death accurred an the de | , 17. | mar (ii (ii o) iasi | | |
| TAL OR A y the hosy RAL DIREC detoched tote Dept. | | | 226 SIGNATURE | 23(| () | 7 | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN PHYSICIAN MEDICAL STAFF | | | | | |
| retained by the TO FUNERAL should be defined by the State with the State IMPORTANT: | 1 | | Dr. Saeed | R PRINT) | | | 27e ADDRESS 8573 | LTIMORE A | | 36 | | |
| Of of Mark | | | URIAL, CREMATION, REMOVAL | 23b DATE | 23c N | AME OF CI | METERY OR CREMATORY | 23d. LOCATION CITY OF TOWN | | COLINITY | | |
| BP | | | Burial | 9/8/8 | 36 Ga: | rden | of Faith | Rossvil | | | | |
| DHMH - 16 60M 7/ | 84 | | INERAL DIRECTOR | | ADDRESS | | 01 | | 256 REGISTRA | R'S SIGNATURE | | |
| (VRA 15, 4) | | (| ConnellyFuner | alHome ' | 300Mac | eAve | . 212211 | P 8 1986 | | | | |

| 326 | 1. | FOR STATE REGISTRAR | | | DEPARTA | MENT OF | E OF MARYLAND TEALTH AND MENTA FICATE OF DEATH | L HYGIENE | 8-6 4 REG. | | 067 | |
|-----------|---------------|--|--|------------|---|-----------------------|--|------------|---|--------------------------|-------------------------------|------------------------------|
| 320 | | CEASED NAME | FIRST | A | AIDDLE | | LAST | 2n. | DANSOF DEATH | | AY YEAR 21 | HOUR D |
| 1 | | OR PRINT) | JON | I | eonard | Ι | PAY | SI | EPTEMBE | R 7, 1 | 1986 7 | :00 M |
| 4 |). SE | X | 4. RACE | | | | OF BIRTH | | GE (IN YEARS LAST | SIRTHDAY) | | FUNDER 24 HRS |
| See 1 | 1 | ale | | ite | | Sept | . 7, 1951 YEA | in . | 35 | YRS. | | Aut |
| 86 | We | RTHPLACE (STATE OR F COUNTRY) St Virgini | a U | ZEN OF | WHAT COUNTRY? | 8. MARRIE WIDOW | NEVER MARRIES | | ALTIMORE CITY BALTIMO | | | MD. |
| 記 | 4 | ALTIMORE | (IF) | NOT IN SUC | OSPITAL, NURSIN H FACILITY, GIVE STREET HOPKINS | ADDRESS) | OR OTHER INSTITUTIO | N 12a. | USUAL OCCUPA FOF WORK FOR MOS PChardi | TION TOF WORKING LIFE | 12b. KIND OF EINDUSTRY Orchan | |
| 27 | 050 13e | AL RESIDENCE (IF NURS | NG HOME OR OTHER IN 131 COUNTY Franklin | 7 3 | GIVE RESIDENCE BEFORE 134. CITY OR TOW Saint The | N | 13d. INSIDE CITY LIM | ITS? 13e | STREET ADDRESS | ZIP CODE | 997 | 252 |
| 110 | VCE. | ATHER'S NAME | MIDDLE | UM | LAST | | 15. MOTHER'S MAIDE | ENNAME | _MIDDLE | | LAST | |
| | 4 | George | | | Day : | | Vera | | E. | | Stieri | nger |
| 13 | | VAS DECEASED EVER YES, NO OR UNKNOWN) | IN U.S. ARMED FO (IF YES, GIVE WAR OR | | 16b. SOCIAL SECU | | 17 INFORMANT | | | RESS | | |
| 4 | - | no | | | 220-54-1 | | Kimberly | K. Day | , Saint | Thomas | | |
| 1 | | 18 CAUSE OF DEATH PART I. DEATH W | | | CARDI | A.C. | PREST | | | | | TE INTERVAL SET AND DEATH |
| 40 3 | | | IMMEDIATE CAUS | | | | MILWI | | | | 15 (11) | nutes |
| 4 | | Canditions, if any, | | JE TO, OF | AS A CONSEQUE | SYCT! | EM FAILURE | - Royali | Palamania | Herothe | , ONS. | 9 dows E |
| other tro | | gave rise ta imm cause (a), statini underlying cause | nediate g the DU | JE TO, OF | AS A CONSEQUE | NCE OF | | - 101) | Hemata | logic | Precipi su Zdavija | Sove druth |
| 0.40 | z | PART 2. OTHER SIGN | A | | | | NOT RELATED TO THE | | and A | | N IN PART 110 | Danie |
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| 1/ | E | | | | | | | | ES NO | IN CERTIFY YES | ING CAUSES OF | DEATH? |
| 步 | 1 | 21a. ACCIDENT WAS UND | | TIME O | | 1/2 1/5 1.5 | 21c. HOW INJURY O | | *** | | | |
| 14 | 13 | OR CONTRIBUTING C | HOSE OF DEATH | P.F | M, MONTH DA M. | 19 19 | 1000 | | | | | |
| / | MEDICAL | 21d INJURY OCCURR | LE C | | OF INJURY EET, FACTORY, OFFICE, F | ARM, ETC) | 21f. LOCATION STREET | -,11 | CITY OR | TOWN | COUNTY | STATE |
| Hor | | 22a I certify that (I) | and the same of th | andad the | doronad from | 44 | Y ZH, 10 5 | 36 | to SEPTEMI | AFR OT | 9.86 , the | |
| 2 | | sow the decease | d olive on SI | EPIE | MBEX 7,10 8 | 71 | nd that in (my) (our) a | | | | | |
| 1 | | 22b. SIGNATURE | id) (did not view t | he bady | atter death. | 1 | DEGREE | | | | 22c. DATE SIG | GNED |
| | | The | massay | ms | Corson | Mol | ATTEND | ING MI | EDICAL ST | AFF ICIAN 🙈 | | |
| 37 | | 22d. PHYSICIAN'S NA | ME [TYPE OR PRINT] | | | | 22e ADDRESS | | 1 - | | | 4.5 |
| 0 | | THOMAS | ADAMS | COI | RSON, N | 1.0- | JUHNS | HOPK | INS HO | SPITAL | - BALTI | MORE, |
| 100 | 23a | BURIAL, CREMATION, I | | | | | Cemetery or Cremat | | 3d. LOCATION | | COUNTY MD | 2,205 |
| - | - | Burial Burial | Se | pt.1 | 0, 1986 S | . Pa | 11 8 Luther | 1 | Leitersb | urg. Wa | sh. Md | |
| M 7/84 | | JNERAL DIRECTOR | Lanne | 200 | hsburg. | ve | 7 | DATE REC | D. BY REGISTRA | RI256 REGISTR | AR'S SIGNATUR | jandelle |
| 4) | l m | vis Funera | ll Home. | DELL | ins durg. | Md | 21783 | 21 | 1 1 130 | שכ | | |

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CAC-15 3-2-16

Orenzalite Orenard

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b HOUR TYPE OR PRINTS SEPTEMBER 1, 1986 BABY BOY DEAS 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR HOURS. 18 86 15 MALE BLACK BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY WIDOWED BALTIMORE 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) D all BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURS)

ME OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

MD

DATIO 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1441 W. LUZERNE AVE 21213 YES X NO [BALTO. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE OUO DEAS JOYNER VANETTA JAMES ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) VANETTA DEAS NONE NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY ARREST 20 min. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF HYPOTENSION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SEPSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Perturated Ileum ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS WOLFE mcHuGII KAUANAUGH 23c. NAME OF CEMETERY OR CREMATORY CREMATION CITY OR TOWN COUNTY MD STATE JOHNS HOPKINS 9/1/86 BP. BALTIMORE 25 SEPRY 1784 1986 PAR 254 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4) JOHNS HOPKINS HOSPITAL

injury, or other troumotic event, th

MPORTANT: If them 21 is marked or Item 18 shows ony

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | FOR STATE REGISTRAR | DEPARTA | | IEALTH AND MENTAL HYG | IENEÖÖ Ö | 2 = | ો <u>ં</u> | Ó | 7 | |
|------|---|--|-----------------|-------------------------------|---|----------------|----------------------------------|----------|----------|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Eleanor | Anna Anna | Dob | elius | | MONTH DA | | 2b. HOL | UR 48 | |
| | 3. SEX | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | F UNDER I YEAR | IF UNDER | R 24 HRS | |
| | Female | Whitem | 10 | 21 13 | 72 | YRS | ONTHS DAYS | HOURS | MIN, | |
| 5 | o. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 75 CITIZEN OF WHAT COUNTRY? | WIDOWE | | Baltimore City o | | | | MD | |
| 7 | Baltimore City | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Mercy Hospi | tal | DR OTHER INSTITUTION | 17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife | | 126. KIND O INDUSTRY HOmer | | | |
| 5 | USUAL RESIDENCE (IF NURSING HOME OF 136, STATE Maryland | | ADMISSION) N Ce | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS Ch | ZIP CODE | St. 2 | 1201 | | |
| 5 | 14 FATHER'S NAME FIRST Joseph | MIDDLE LAST Kahler | | 15. MOTHER'S MAIDEN NAM | MIDDLE | | LAS | | | |
| 7 | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCIAL SECU | RITY NO | Elizabet | ADDRE | SS | Mart 212 | | | |
| | (YES, NO OR UNKNOWN) (IF YES GI | 220-14- | 7631 | Ms. Patricia | L. Purta I | 105 C | | | e Rd | |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conceptible Heart Failure | | | | | | | | |
| 1000 | Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIEIC ANT (| DUE TO, OR AS A CONSEQUE (b) CONSEQUE (c) CONDITIONS CONTRIBUTING TO D | NCE OF | Heart De | elase of continue | DITION CAVE | 10 year | | | |
| | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | ple Cerebral 196. CONDITION FOR WHICH | 1 | Pascular | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | VGS USE | | |
| 1 | 210. ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJURY | | 21c. HOW INJURY OCCURR | YES NO | YES | | NO [| | |
| | 00.00.1300112.110 | | Y YEAR | | | | | | | |
| | OR CONTINENTIAL CAUSE OF DE. | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F) | ARM, ETC.) | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | 5 | STATE | |
| | saw the deceased alive an | tal) attended the deceased from | 83 | nd that in my (aur) apinian d | eath accurred an the do | ite and haur o | and from the | 10// | we)last | |
| | 276. SIGNATURE | My Anthum | w. | ATTENDING PHYSICIAN | MEDICAL STAF | | Pic. DATE | | FC | |
| | ROBERT AN | THENELLI, MI. | | Mercy | Hosp, tal | Bu | 4. m | ۵. | | |
| | 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | | emetery or crematory of Faith | 23d LOCATION CITY OR TOWN | Baltin | ore, M | arvĺ | land | |
| 1 | 24 FUNERAL DIRECTOR | 7401 | | MIR Rd. 250. DATE | REC'D. BY REGISTRAR | 256 REGISTRA | AR'S SIGNATI | | 20 | |
| - | Lassuhw Funers | 1 Home BALT | M . 6 | D. 21136 35P | 2 9 1986 | Dia die | Voltage - | | å | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 25070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 00-18726 DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Allan DebuskDeBusk Wayne DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR Nov. DAS. Male White 196 PRONOUNCED 0:00 DEAD 17/10 86 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIET X BIKton. Md. U.S.A. DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS ASIA OF PATES Baltimore University Hospital Shock Trauma BALTIMORE, MD. 21201 In STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 145 Old Elm Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Burton Preston DeBusk Mary Elizabeth Bordwine 145 Old Elbersed, North East, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. YES, NO OR UNKNOWN) 213-92-6528 Mr. & Mrs. Burton DeBusk 18. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries / IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 3 SHOULD BE U NO D 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 10:54 PM 9/16/9 86 subject motorcyclist/auto collision EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEATA DIRECTOR, PAGE 3 S AFTER DEATH, WHILL THE STATE DE BALTIMORE, MARYLDAND, 21201 FR STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STATE roadway Frenchtown Rd., Elkton, Md. 22a. I certify that I took charge of the remains described above, held on Inspection X Inquiry Accident X death resulted from: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 9/18/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 9-2 Calvery Baptist Church" RISing Sun 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

| 6 | | 1, | FOR STATE | | DEPARTM | ENT OF H | OF MARYLAND EALTH AND MENTAL HYG | IÊNE O | 250 | 71 | |
|-----------------|--|---------------|---|---|--|-----------|-------------------------------------|---------------------------------------|-------------------------|---|--|
| n=1 | 9424 | | REGISTRAR | | | CERTIF | CATE OF DEATH | REG. NO |). | | |
| | | | CEASED NAME FIRST | MIDE | | | AST | 2a. DATE OF DEATH | AONIH DAY YE | 26 HOUR | |
| | y be | | THOMA | | | | AUDER. | 9 | 26 8 | 6 7:11 M | |
| | 1 mo | 3. SE | | 4 RACE | | 5. DATE O | DAY YEAR | 6. AGE (IN YEARS LAST BIRT) | | YEAR IF UNDER 24 HRS DAYS HOURS MIN. | |
| - | # 3/ | | Male | White | | Nov. | . 15, 1901 | 84 | YRS. | | |
| - | | 7a. 81 | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WH | | MARRIE | MEVER MARRIED | 1. BALTIMORE CITY OF | | H | |
| | A CEAST | 10.6 | TY OR TOWN OF DEATH | US 11 NAME OF HO | | WIDOWE | | Baltimo | 1 10 | MD. | |
| = 10 | | | Baltimore | 11. NAME OF HOSPITAL, NURSING HOME LIFNOT IN SUCH FACILITY GIVES THE ADDRESS) SINAL HOSPITAL | | | K OTHER INSTITUTION | (TYPE OF WORK FOR MOST OF Attorney | WORKING LIFE INDU | 126 KIND OF BUSINESS OR INDUSTRY | |
| ND21 | 22 hou | 130 5 | AL RESIDENCE (IF NURSING HOME OF | | E RESIDENCE BEFORE A C. CITY OR TOWN Balto | | 136. INSIDE CITY LIMITS? | STREET ADDRESS / | ZIP CODE Id Spring | Ln.21210 | |
| YLA | tely sh | _ | THER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | - 4 - 7 - 6 - | LAST | |
| MAR | w ba |) | Andrew | | deLaude | r | Mary | Ann | Din | nigan | |
| RE, | nd co | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16 | SOCIAL SECUR | ITY NO. | 17 INFORMANT | ADDRES | | | |
| IIWO | Pogo. | | No | | 16 03 4 | 1645 | Mrs. Nellie | e deLauder | | | |
| BALI | ysicio spers vol. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line | e for (0), (b), and | 101-1 | acrect | SER SERVICE | BEY | PPROXIMATE INTERVAL WEEN ONSET AND DEATH | |
| ST., | g ph on p | | | TE CAUSE (o) | caraci | ac | arrest | | | The Later of | |
| NO N | oth conding corb | | | DUE TO, OR A | S A CONSEQUEN | NCE OF | ial infarci | tiden | THE IS | | |
| RES | e dec move notion troum | | Conditions, if ony, which gove rise to immediate | (b) | myoc | aru | किर अनुकाद | 1077 | | | |
| × | of the series of the creen | | couse (a), stating the underlying couse lost | DUE TO, OR A | S A CONSEQUEN | VCE OF | | | | | |
| 201 | es the | | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | TRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | DITION GIVEN IN PA | ART Ita | |
| RDS, | Then Then to b | NO | | | 9239 | 3400 | | | | | |
| RECORD | ow r | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHICH C | OPERATIO | WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE F | | |
| AL R | The lion. | 1 E | | | | 5, N | | YES NO | YES 🗌 | NO 🗌 | |
| N V | AN: T shysics ficote transi I Hygi | 4 | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | NJURY MONTH DA' | Y YEAR | 21¢ HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | VINITEM 18 PART I OR PA | RT 2) | |
| ō | ding ph ding ph is certif buriol-t Mentol or frem | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | | 19 | 21f LOCATION | 12-14-020 | | | |
| DIVISION OF VIT | PHY tendi the b ind M and A | MED | 21d INJURY OCCURRED WHILE NOT WHILE | | FACTORY, OFFICE, FA | RM, ETC) | STREET | CITY OR TOV | vn coun | STATE | |
| DIV. | or of Afre | 12 | AT WORK AT WORK | italy attended the d | branced from | | 9+15 1086 | 10 9/2 | 260 10 86 | that ((Chia) last | |
| | TOR. or us of He | Y ST | 220.1 certify that (I) (this hosp saw the decessed alive or | 9/ | 26 19 8 | 6 , an | d that in (my (aur) opinian | death accurred an the da | te and hour and from | m the couses stated | |
| | REC REC Feed f | | obove, (I) (ve) (did) (did no | of view the body off | er deoth. | [| DEGREE | and the same | 22c. | DATE SIGNED | |
| | AL DI Perocl | | R. Kru | eman | | | ATTENDING PHYSICIAN | MEDICAL STAF | | 126/86 | |
| | TOSPITA ned by tunera id be de the Stor | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | of the first | 100 | 22e ADDRESS | | | | |
| | etoined by 1 TO FUNERAL Should be de with the Stot | | K. Knox | wy. | | | | pital, Balto | o., MD | | |
| | 5 5 5 3 ₹ | 23a 1 | BURIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE | |
| | BP | | Burial | 9/29/8 | | | and Memoria | | County, | MD | |
| | DHMH - 16 60M 7/84 | - 1 | UNERAL DIRECTO Henry | | MADMEDD | | . 9 | EPZ9 1986 | 75b. REGISTRAR'S SIG | MATURE | |
| | (VRA 15, 4) | 49 | 05 York Read | Balto. | . MD | 212 | 2 | | 1 | | |

d 30 80 401 6 TIE. Note: A Colored to A. I. I. is white N.M. 15, 1801 dio incriff Estimona in it to a la la company in the company of 5-1tc. x 14 N. Col Spring 1 n. 21 1 national no. Natural no. Nan we went E12 . 6 42 15 What. Nellie let u'ch, Ene The way is a first myechel without The state of the s - GWAGANA A AMOR 1913 - Linsi Hospital, Balto., No. style voneln werdnist fito. Countly " Henry V. Jensin & con Cg.

1 TOP C TOPO. NO 21010

1 TO 2.2 Department of the Co. 2.1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00-17724 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN K MONTH 2b. HOUR (TYPE OR PRINT) ESTI-Bonita DEATH MATED DeLawder 9 Lynne 19 86 4 RACE DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 9:50P White Oct 3, 1956 29 DEAD Female YRS 1986 76. CITIZEN OF WHAT COUNTRY? ENTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED [DIVORCED . Baltimore City D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Homemaker Baltimore University Hospital UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rd 1 Box 2078 Felton, Pa. Pennsylvania York Felton NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William. Dorothy Smelgus Bateman 166 SOCIAL SECURITY NO. 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 215-72-0245 Mr. Michael R. DeLawder same as # 13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate MINEY.
FICATE, WRITING THE CHIEF MEETS
CTOR: PAGE 3 SHOULD BE USED AS A BURIAL-THE
CTOR: PAGE 3 SHOULD BE USED AS A BURIAL-THE
THE STATE DEPARTMENT OF HEALTH AND MENT
THE STATE DEPARTMENT OF BURIAL, CREMATION, OI cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR TOWNTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 8: 30 P.M. 9 7 19 86 Driver in auto/fixed object impact 21e PLACE OF INJURY 211. LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CENTRICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 FAFER DEATH, WITH THE STATE DE BALTIMORE, MARNAND, 21201 P south of Quakerbottom Rd, STREET, FACTORY, FARM, ETC. road 226. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Accident death resulted from: Homicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL Assistant 9/8/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. lll Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 9/12/86 Richmond Emmanuel Episcopal Church Va. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ... **DHMH - 17** Ruck Towson Funeral Home 1050 York Road 21204 (VR A15 ME (5))

CC 2, Eller

229 (112) (01

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13c 20c0 10c 0 13 0 0 222 4

in by the funeral director. page 3 se filed within 72 hough after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25074

| | | | | | REG. I | VO. | | | | |
|---------------|---|--------------------------------|---------------------------|---------------------------------|--|----------------------|---------------------|--|-----------|--|
| I. DI | ECEASED NAME FIRST | MIDE | DIE | LAST | 2a. DATE OF DEATH | MONTH | DAY YEAR | 26 HO | UR | |
| (117) | Helen | A. | D = 7 | m d == 7 = | C | 7.7 | 7000 | - 01 | 2 5 | |
| 3. SE | EV | 4 RACE | | PICOLO ATE OF BIRTH | September | | 1986 | | | |
| 3. 30 | | | | | | RIHDAY) | | | R Z4 HRS | |
| / | Female | White | 1- | 5-1902 YEAR | 84 | YRS | | - | | |
| 7a 8 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WH | AT COUNTRY? 8 | | 9 BALTIMORE CITY | | | | | |
| | COUNTRY) | U.S.A. | | RRIED WEVER MARRIED ! | | | | | | |
| | | | 1110 | OWED DIVORCED [| □ Baltimo | | ty | OF DEATH OF DEA | | |
| 10 C | CITY OR TOWN OF DEATH | | SPITAL, NURSING HO | ME OR OTHER INSTITUTION | 12a USUAL OCCUPA (TYPE OF WORK FOR MOST | | 126 KIND | | ESS OR | |
| | Do 7 to 5 mans | _ | | | Ret. Cler | lr | | | | |
| USU | Baltimore JAL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE | e RESIDENCE BEFORE ADMISS | HOSDITAL | 10000 0101 | | prug | 5 001 | - | |
| 130 | STATE 136 COUN | VTY 130 | CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS | / ZIP CO | DDE | | | |
| | Md. | 1 | Balto. | YES NO | 124 W. Fr | ankl i | in St. 2 | 1201 | | |
| 14. F | ATHER'S NAME | | | 15. MOTHER'S MAIDEN I | NAME | 7-17-1 | | | | |
| | Martin | MIDDLE | entze | Sophia | WIDDLE | | Marillan | AST | | |
| | | | | | | | Muller | | | |
| | WAS DECEASED EVER IN U.S. AR | E WAR OR DATES) | SOCIAL SECURITY N | 160 | ADDI | ESS | | | | |
| | NO (IF YES GIV | 2 | 214-26-676 | Helen Conn | olly, 5931 T | he Al | ameda 2 | 1939 | | |
| | LIN CAUSE OF PEATURE | | | | | | | | FDVAI | |
| | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ily and couse per line DBY: | e for (a), (b), and (c). | 1 | | | BETWEEN | ONSETAN | D DEATH | |
| | IMMEDIA | E CAUSE (o) | Severe Mas | Intracran: | ial Bleed | | | | | |
| | | DUE TO OR A | S A CONSEQUENCE O | SE. | | | | | | |
| | Conditions if any tist | | | | | | | | | |
| | Canditions, if any, which gave rise to immediate | | | | | | | | | |
| | cause (a), stating the | | | | | | | | | |
| | underlying couse lost. | | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT | ONDITIONS CONT | RIBUTING TO DEATH | BUT NOT BELATED TO THE TE | PAAINI AL DISEASE OR COL | IDITION (| CIVENI IN DART 1 | | | |
| Z | | | | | MINITAL DISLASE OR COI | ADITION C | SIVEIN HAFAKI I | 10 | | |
| CERTIFICATION | Atherosclero | | | | | | | | | |
| S | 190 DATE OF OPERATION | 196. CONDITIO | N FOR WHICH OPERA | ATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF 1 | YES, WERE FIND | INGS USE | D | |
| 1 | | | | | YES NOT | | YES T | | | |
| 3 | 210, ACCIDENT WAS UNDERLYING | 216. TIME OF IN | JURY | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF INJ | | | | | |
| | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. | MONTH DAY YE | AR | OTTLE (EITER MATORE OF IT) | DK 1 II 4 II E III I | O FART OR FART 2) | | | |
| S | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF | | 211 LOCATION | CITY OR T | 01-11-1 | county. | | | |
| × | WHILE NOT WHILE AT WORK | (AT HOME STREET | FACTORY, OFFICE FARM ETC | SIREE | CITY ON I | JWN | COUNTY | | STATE | |
| | | | Cand | 200 | <i>- - - - - - - - - -</i> | | | | | |
| | 22a. I certify that (1) (this hospi | tol) oftended the de | eceased from SEDI | ember /, 19 01 | 6 septemb | er L | 19 86 | that (X | (we) last | |
| - | sow the deceased alive on above. (I) Wee) (did) (did) | September | L LL 19 80 | , and that in (MyX (aur) apinio | on deoth occurred on the | tote and h | our and from the | e couses st | oted | |
| | 22b. SIGNATURE | VIEW INC DOGNATIO | a deom. | DEGREE | | | | | | |
| | O. | neilh | \sim | ATTENDING | _ MEDICAL _ STA | FF / | | 1 1 - | | |
| | | Bur.c. | | PHYSICIAN | DIRECTOR PHYSI | | · · · | 11. 81 | 0 | |
| | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | 100 | 22e ADDRESS | | | | | | |
| | | JVOTA | ny Torrich | MIN -1- M | m 2 Com = 7 * | loan! | 6-7 | | | |
| 0.7 | | 7,000 | 100 | | nd General H | ospit | cal | | | |
| 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE | | OF CEMETERY OR CREMATOR | Y 23d. LOCATION | | COLLET | | CTATE | |
| | Burial | 9-15-86 | Holy | Redeemer | Balto., | Md. | COUNTY | | STATE | |
| 24 F | UNERAL DIRECTOR | | | [25n D | ATE REC'D. BY REGISTRAL | | ISTRAP'S SIGNIA | TLIDE | | |
| | eonard J. Ruck, | Inc. 530 | HADDRESS 1 | 04 | 36045500 | Su. KEGI | AAAA | Bondall | - | |
| 1 | condition ituck, | THE . POOL | mariora 1 | u. | JLI 1 9 ROO | 1 1 1 1 1 | - September 1 | The said | - | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached far use as the burial-transit permit. Then please remave coying the State Dept. of Health and Mental Hygiene priar to burial, cremation,

annil med Broth 16

toring the arthurst .

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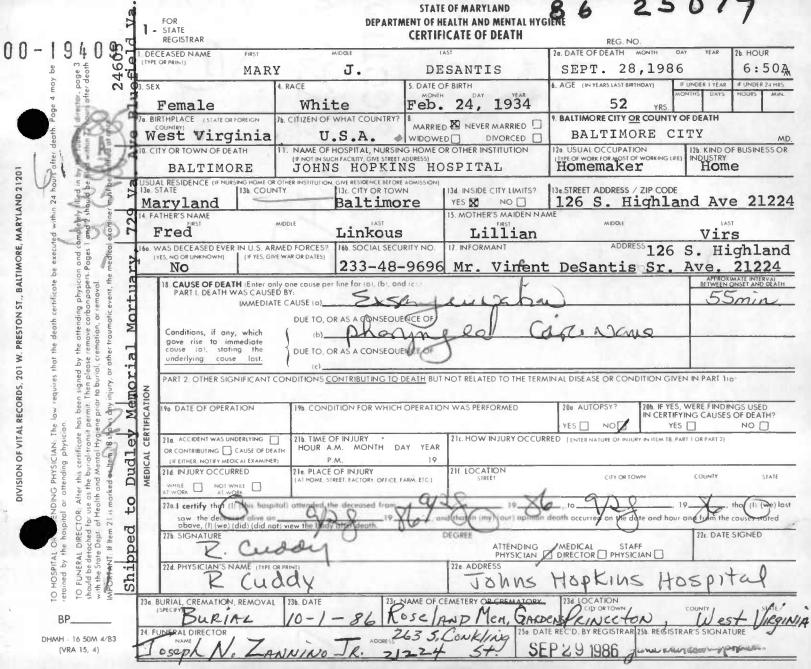
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A.E.T.

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Lemmal J. and, Inc., 3105 Inchard al.

AND AND AND THE VISIO



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| 80- | 18140 | 1- | FOR STATE REGISTRAR | DEI | PARTMENT OF H | OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH | 8 6 2 REG. NO. | 507 | 8 |
|----------------------------|---|----------------|--|---|---------------------|--|----------------------------------|---|------------------------------------|
| | m.e | 1. DE | CEASED NAME FIRST | WIDDLE | ~ / | AST | 20 DATE OF DEATH MON | | 2h HOUR |
| | nay be page 3 er death | | Dominick | | | cent | 9- | 14-86 | 10 PM |
| | or. p | 3. SE | | 4 RACE | 5. DATE C | DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY | MONTHS DAYS | HOURS MIN. |
| | oge ones ones | | Male | Caucasian | | 15 19 | 9 BALTIMORE CITY OR CO | YRS. | |
| | oth. P | | RTHPLACE I STATE OR FOREIGN | 76. CITIZEN OF WHAT COU | MARRIE | NEVER MARRIED | Balto. 4 | | 446 |
| | fune fune fune fune | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | | 120. USUAL OCCUPATION | 12b. KIND C | OF BUSINESS OR |
| f it | 传 | B | atto. city. | University o | E STREET ADDRESS) | 2 Hosp. | Ret. Shoemak | er INDUSTRY | |
| 212 | Pond | ÚŠU. 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE | R OTHER INSTITUTION, GIVE RESIDENC | E BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP | | |
| AND | n 24 | | md - | Bal | | YES 🔀 NO 🗌 | 317 E. Cros | | 1230 |
| MARYL | within d 2 s | 14. FA | THER'S NAME | MIDDLE | .51 | 15. MOTHER'S MAIDEN NA | & AMIDDLE A | · n Au | ST ₂ 4 |
| | ombo Combo | | VAS DECEASED EVER IN U.S. AI | N. Devil | L SECURITY NO. | 17 ANFORMANT | ADDRESS | the Wil | le |
| BALTIMORE | n and Pages | . 5 | | YE WATOR DATES) 214 | | 120 | Parina | R 17871 | To A |
| ALTI | 5 0 5 | | 18 CAUSE OF DEATH (Enter o | inly one cause per line for (a) | | vacuers (| woo roug | APPROX | (IMATE INTERVAL ONSET AND DEATH |
| T., 8 | rertificate ng physic ban paper removal. | 1 | PART I. DEATH WAS CAUS | FD BY | かっつつつ | nonam Fai | 11-12 | | mia |
| S | th cer nding corba , or re | / | Se Se Se IMMEDIA | DUE TO, OR AS A CON | | | | | |
| PRESTON | death of attendin nove corb atton, or troumatic | | Conditions, if any, which | (b) Unk | | | | | |
| ₹. | by the ose rer | | gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CON | ISEQUENCE OF | | | | |
| DS, 201 | signed hen ple to burio | N C | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | IG TO DEATH BUT | Passeratedio Revers | MAINTER STORES | HENDONPACED A | 9 |
| S | been mit. I prior | ATK | 190 DATE OF OPERATION | 196. CONDITION FOR | | N WAS PERFORMED | 20g AUTOPSY? [20] | LIFYES, WERE FINDS CERTIFYING CAUSES | NGS USED |
| DIVISION OF VITAL RECORDS, | he lo | CERTIFICATION | 9-6-86 | Hygrom | a tap f | CSF | YES NO | YES | NO [|
| Y. | physici physici rtrificote sl-transi tol Hyg m 18 sh | | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | | H DAY YEAR | | RED (ENTER NATURE OF INJURY IN | | |
| Ö | SE Ce Ce The The The The The The The The The Th | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE | ER) P.M. 8 | 28 198 | | ing on forch | 4 collaps | ch 5-dounty |
| OSI | 1 6 6 - | WED | 21d INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, | | 317 E. Coo | 55 St. Balto | COUNTY | STATE |
| <u>></u> | or offer the e os the olth and | | 22a 1 certify that (I) (this hosp | Outside ho despected | P4 0 0 | | 10 9-14 | 1986 | WD way lost |
| | or use | | sow the deceased alive a | 2-14 | 1986 | , 17 | deoth occurred on the dote o | | that () (we) lost couses stated |
| | OR he hosp be hosp biched for Dept. of them if them if | | 22b. SIGNATURE | ot) view the body after death. | | DEGREE | | 22c. DATE | SIGNED |
| | - + - + - · | | 5. Tracks | MM whin | | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | N 9-1 | 14-86 |
| | HOSPITAL med by the FUNERAL uld be detroped to the Stote | | 22d. PHYSICIAN'S NAME (TYPE | | -85.3 | 22e ADDRESS | r. of Venolog | 1 | |
| | TO HOSPITA retoined by TO FUNERA should be de with the Stat IMPORTANT | 1 | S. Tracko | vich MD | | University | of Mary 1903 | 'Hospital | |
| | | 23a. I | BURIAL, CREMATION, REMOVA | 23h DATE /C/ | 734 NAME OF | METERY OR CREMATORY | THE LOS ATION | 1-1 sould | 1 Mines |
| | BP | 1 | INNAL DIRECTOR A DA | 1/18/86 | Haly | loss em. | TE REC'D, BY REGISTRAR 731 | che Tycy | my ma |
| | DHMH - 16 60M 7/84 (VRA 15, 4) | 1/2 | Party of 14 | 1,301 46 % | GREST HOLL | e-grass SE | P 1 6 1986 | - wandoor | Mario |
| | (VKM 13, 4) | \square | messer ares | Milled | E prac | 96-136 | 1 20 1000 | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

Entombment

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

YES T

26 HOUR

Public Schools

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

71515

86

IF UNDER LYFAR

84

Davis

39

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Arbutus Memorial Park

STATE OF MARYLAND

9/6/1986 24 NUTTERE & SONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

(VRA 15, 4)

. 3 1 1 5 - 3 1 oldings sice acles of the contract of the contract of Sparroughter service Victoria, R. on St. V.

| | | | | | STATE OF MARYLAND | Se disease | |
|---|------------------------------------|---------------|---|--|---------------------------------------|---|---|
| 00-181 | 000 | 1 | FOR STATE | DEP | ARTMENT OF HEALTH AND MENTAL HY | GIENE 8 | |
| 0 10 | 333 | 1 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 5 0 8 1 |
| | | | CEASED NAME FIRST | MIDDLE | LAST | | AY YEAR 2b. HOUR |
| o pp | | {TYPE | ORPRING IN BANE | T | 016h< | 9/16/91 | KIKD |
| ba a a | | 3. SE: | | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 4 m br. F | w 1 | J. SE. | 2 | 1. RACE | MONTH DAY YEAR | | ONTHS DAYS HOURS MIN. |
| Page 4 may be director, page 3 dours after death | - day | | | | 6 23 65 | YRS. | |
| a 00 | | | RTHPLACE (STATE OR FOREIGN | TO CITIZEN OF WHAT COUN | MARRIED NEVER MARRIED | BALTIMORE CITY OR COUNTY | OF DEATH |
| r death. funeral | 30 | | Marveland | USA | WIDOWED DIVORCED | itta | MD. |
| | - | 10. C | TY OR TOWN OF DEATH | | URSING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| s offer by the | 3 8 | / | Sulte 1 | (IF NOT IN SUCH FACILITY, GIVE | ranting Hospital | (TYPE OF WORK FOR MOST OF MORKING LIFE | INDUSTRY |
| 9 = 9 | 8 | USU | AL RESIDENCE (IF NURS HO MENT OF | OTHER INSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | | 21711 |
| 2 4 6 D | must | 13a. S | TATE UIL COUN | TY IVECTION | ray. | 130 STREET ADDRESS / ZIP CODE | -01 |
| ly fill | o chabun | 14 F. | THER'S NAME | 10/16 | YES NOTHER'S MAIDEN N | AME | TUN |
| with with | 2.5 | 14.12 | FIRST ON C | AIDDLE AS | I PRSL DAL | CXTA MIDDLE | CO LAST 1 |
| 10 | C.S. | | CILORAT | UMT DI | 505 CRIV | CITY | TKITEIN |
| / 1 | medico | | VAS DECEASED EVER IN U.S. ARA (ES, NO, OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | SECURITY NO. 17 INFORMANT | ADDRESS | 1/200 |
| (; [;] | a a | | UNN | 714 | -64-1470 | · LUTHERU | N 405P |
| | H. | | 18 CAUSE OF DEATH (Enter and | | b), ond ici.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ph ph | event, | 191 | PART I. DEATH WAS CAUSED | E CAUSE (a) | win Veith | | 8 |
| orbo | ofice | - | HIWORD | DUE TO, OR AS A CONS | SECUENCE OF A | | 1 1 1 |
| depth offered | traumatic | | Canditians, if any, which | (1b) Ce | reland Edura | 1 | 1 Weeks |
| he de | cremotion, ther troum | | gave rise to immediate cause (a), stating the | DUE TO, OR AS ACONS | STOLING OF ST. | 1 | . 1 |
| that the day the cose r | other o | | underlying cause lost. | DUE TO, OR AS IT CONS | Cales of Armonalus | Brunol/ Emplier Mi | who I Wall |
| pled t | 9 9 | .3: | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING | G TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIV | EN IN PART 1:0 |
| | to bu njury, | Z | | 20.01.01.0 | | | art in the ring |
| been ait. T | ā > | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES | , WERE FINDINGS USED |
| he low on. hos be | ws on | FIC | | | | IN CERTIF | YING CAUSES OF DEATH? |
| The The icro | Mental Hygiene or Item 18 shows | ERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 714 HOW IN ILLEY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM 18. P. | NO [|
| YSICIAN: The ding physicic is certificate burial-transit | £ 20 | | OR CONTRIBUTING CAUSE OF DEA | LUCIUS A M. MONITI | H DAY YEAR | TENTER NATURE OF INJURY IN HEM 18. P. | ART OR PART 2) |
| SICI SICI | Hem | S | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 19 | | |
| PHYSIC Trending or this cer | | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O | 211 LOCATION STREET | CITY OR TOWN | COUNTY |
| > 0 = a = | orked | 1 | AT WORK NOT WHILE | | | 1 | |
| 0 0 . 0 | is m | | 22a.1 certify that (1) (this haspit | al) attended the deceased f | ram 9/12 19 8 | 10 | 19 6 D , that (1) (we) last |
| F ta Did | 2 0 | | sow the deceased olive an abave, (1) (we) (did) (did nat | view the bady after death. | 19, and that in (my) (our) apinio | n death accurred an the date and have | and Iram the causes stated |
| hos hed | Dept. | | 226 SIGNATURE | 0/) | DEGREE | | 224. DATE SIGNED |
| TAL OR A y the hos AL DIREC | | | Kulvert | 5 Brustin | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/16/66 |
| SPITA by VERA | Sto NA | | 22d. PHY STCIAN'S NAME (TYPE OF | R PRINT) | 22e ADDRESS | \$ | 1 1/10/01/0 |
| TO HOSPITAL of retained by the TO FUNERAL I should be detailed. | MPORTANT: | | Wohert S | BURGERI | MAN 27 G. | Gune B. | fr. 14.121101 |
| of of of shoot | 3 K | 23a F | BURIAL, CREMATION, REMOVAL | 23b DATE | 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION | 1- 1-41 6/141 |
| | | | SPECIFY) | 9-22-86 | New Cathedral Cemet | CITY OF TOWN | COUNTY Maryland |
| BP | | 24 FI | Burial JNERAL DIRECTOR | 1 3-22-00 | | ATE REC'D BY REGISTRARIZS REGIST | AD'S SHENIATEDE |
| DHMH - 16 66 | | | iley Funeral Ho | 7 7 7 ADD | RESS CT 27.277 CE | D 2 4 1086 Julia Davie | SON THOUSAND |
| (VRA 15 | 4) | Be | niley Funeral Ho | ome 1348 N. Ca | Thoun St. 21217 St | 1 2 1300 J | 4 |

| | | | FOR | | DEDAD | | OF MARYLAND | AL HWOLENE | 8 | 6 | 9 | 5 . | r's |
|---|------------|---------------|---|--------------------------------|---------------------|----------------|--------------------------------|---------------|----------------------------------|----------------------|---------------------------------------|---------------|----------------------|
| 1919 | 12 | 1 - | STATE REGISTRAR | | DEPAR | | CATE OF DEAT | | | REG. NO. | ha : | 3 0 | 0 0 |
| 9 m# | | | EASED NAME FIRST OR PRINT) FM | LY | A | Di | GGS | 2 a. (| DATE OF DE | | 12 h 1/ | 1.0 | HOUR P |
| 4 may be or. page 3 ifter death | | 3. SE | | 4 RACE | .12 | 5. DATE O | F BIRTH DAY Y | EAR. | | LAST BIRTHDAY) | | | DER 24 HRS |
| Page 4 directo | 0 | 7n BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF V | WHAT COUNTRY | 10 | 15 1 | 1918 | ALTIMORE O | | UNTY OF DE | ATH | |
| nerol n 72 F | 35 | | OUNTRY) VA | US | A | WIDOWEI | | ED . | Bal | timor | e C | ity | MD. |
| by the fu | Despied 4 | Pe | etimore | | OSPITAL, NURS | ET ADDRESS) | eral Hosp | (TYP | USUAL OCC EDWORK FOR ROLLY | UPATION MOST OF WORK | | 18 " | iness or, |
| filled in | agst pe | 13a S | TATE HA 136 COUN | OTHER INSTITUTION | GIVE RESIDENCE BEFO | ORE ADMISSION) | 136 INSIDE CITY LI | | STREET ADD | RESS PEIP | 1 | 212 | 1501 |
| mpletely and 2 sh | xdmine | 14 FA | THER'S NAME FIRST | MIDDLE | Z a LAST | pson | 15 MOTHER'S MAI | DEN NAME | | DDIE | 5 | ohnsi | 20 |
| and ca | medicol | | AS DECEASED EVER IN U.S. AR | MED FORCES? E WAR OR DATES) | 220-1V | | 17 INFORMANT | Dus | n 51 | ADDRESS 745 | Tongui | 1 Au | ف |
| physicion papers. novol. | vent, the | | 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE | D BY | line for 101, (b), | ond ic | BRILLA | TION | / | | | APPROXIMATE I | NTERVAL AND DEATH |
| carbor carbor | natic e | | IMMEDIA | DUE TO, OF | AS A CONSEC | UENCE OF | E | IGES | ~ (V | R | - 1 | VVC | + |
| the atternesser | her froum | | Conditions, if ony, which gove rise to immediate couse (a), stating the | DUE TO, OF | R AS A CONSEC | | E CON | | | | 1 | y V J . | |
| n please | ry, or ath | | underlying couse lost. PART 2 OTHER SIGNIFICANT (| ONDITIONS CO | INTRIBUTING T | | | | | | | PART IIo | |
| t Then | y inju | TION | 190 DATE OF OPERATION | ARCI | Med | 1 1 | WASCERFORMED | 100 | AUTORES | 12 201 | IF VEC. WEDE | - Childhios | 105- |
| hos bee | 5 | CERTIFICATION | 140 DATE OF OPERATION | 196 CONDI | TION FOR WHIC | LH OPERATION | N WAS CORRECT | | ES N | 206. IN C | IF YES, WERE CERTIFYING O YES [| AUSES OF D | EATH? |
| certificate h urial-tronsit p | 18 g | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH | DAY YEAR | 21c HOW INJURY | OCCURRED | ENTER NATURE | OF INJURY IN ITE | EM TS PART I OR | PART 2) | |
| the burn | ed or fre | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE C | | | 211 LOCATION STREET | | CI | TY OR TOWN | COL | UNIY | STATE |
| Use os Health | is mork | | 220. Certify that (I) (this haspi | 001. | | 61 | 31 19 | 86 | 10 00 | - | 1 19.8 | | I) (we) lost |
| hed for us | tem 21 | | obove, (I) (we) (did) (did no | | ofter death. | | d that in (my) (our) DEGREE | opinion deoin | occurred or | the date on | | c. DATE SIGN | |
| RAL DIRECTOR OF CONTRACTOR OF | | | 0.1 | finger | | | PHYS | IDING MI | EDICAL RECTOR | STAFF | 4 9 | 1/22 | 184 |
| TO FUNERAL should be deta | MPORTAN | | 22d. PHYSICIAN'S NAME (TYPE OF | 2:1 | | | 22e ADDRESS A | The | かくろ | الم | 219 | 181 | |
| P | \$ | | URIAL CREMATION, REMOVAL SPECIF BUTIAL | 23b. DATE 9/20 | 186 7 | NAME OF CE | METERY OR CREM | -7 | And LOCATIO | ctus | COUNT | TY | STATE |
| H - 16 60A | | 24 FI | NERAL DIRECTOR | ,10 | ADDRESS | 1 | A | 250 DATE REC | | STRAR 256 R | EGISTRAR'S S | GIGNATURE | 1.14 |
| (VRA 15, 4 | 9 | _4 | m. C. Marc | 1 73 | DO Wa | pash | HVE. | OLI | جا ن ت | 00 1/ | | | |

| 00- | 18476 | | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | REG | NO. | | | |
|----------------------------|--|---------------|--|------------------------------------|--------------------------------|--|------------|----------------------|--------------|------------------------------|---------------------|--------------------------------|------------|---------------------------------|
| 00, | | | CEASED NAME | FIRST | | MIDDLE | L | AST | | 20. DATE OF DEATH | | DAY | YEAR | 2b HOUR |
| 9 | 000 | LIAME | OR PRINT) | rankl | in H | Roosevelt | | Diggs | Sr, | | 9 | 16 | 86 | |
| É | er d | 3. SE | (| | 4. RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAS | T BIRTHDAY) | IF UNE | DER I YEAR | IF UNDER 24 HE |
| 4 | softos | | M | | В | | MONTH 7 | 1 | ¥£382 | 54 | YR | S MOINTS. | DATS | NOURS M |
| 0 | and O | | RTHPLACE (STATE OR I | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | - LA MENED | MARRIED - | 9 BALTIMORE CIT | | | EATH | |
| 4 | 18 8 | | a. | | U.s | .a. | WIDOWE | | NORCED | Baltimon | ce, Ci | ty | | |
| = 5 | | 10 CI | TY OR TOWN OF DEA | ATH | 11. NAME OF I | HOSPITAL, NURSING HEACHLITY, GIVE STREET | G HOME C | R OTHER INS | | 120 USUAL OCCUP | ATION | 121 | | F BUSINESS |
| 21201 | S S S S S S S S S S S S S S S S S S S | USU | AL RESIDENCE (# NURS | | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | | | 21218 |
| 20 2 | lled to | | aryland | 13b. COU | VTY | 13c CITY OR TOW Baltim | | 13d. INSIDE (| NO [] | 13e.STREET ADDRES | ss/zipc th As | ODE auit | | |
| LA LA | sho sho | _ | THER'S NAME | | | Daroin | 010 | | S MAIDEN NA | | . 011 110 | qui | | |
| MARYLAND | mplet dd dd | 1 | Velson | | MIDDLE | Diggs | | Sus | FIRST SIE | MIDDL | E | | Harr: | is |
| | ges | | VAS DECEASED EVER | | MED FORCES? | 166. SOCIAL SECU | | 17. INFORM | | | DRESS | | | |
| BALTIMORE | Pog med | (| Yes | (IF YES, GI | VE WAR OR DATES) | 2233631 | 51 | Helen | n Diggs | 2219 Nort | ch Asc | uith | Str | eet |
| 201 W. PRESTON ST., | the offend remove co emotion, o er froumot | NOI | Conditions, if ony, gove rise to improve to improve couse (o), stotin underlying couse | which nediate g the lost. | DUE TO, O (b) DUE TO, O (c) | R AS A CONSEQUE R AS A CONSTRUCTOR | NCE OF | 0 | | Inface | | | | IMATÉ INTÉRVAL ONSET AND DÉA |
| DIVISION OF VITAL RECORDS, | no. hos been permit. The permit. The permit of the permit | CERTIFICATION | 19a DATE OF OPERA | TION | 19b COND | ITION FOR WHICH | OPERATIO | N WAS PERFO | ORMED | 20a AUTOPSY? | IN CE | YES, WEF RTIFYING YES [] | RE FINDIN | NGS USED OF DEATH? |
| OF VITA | a physicic physical physicic physicic physicic physicic physicic physicic physical physicic physical physicic physicic physicic physicic physicic physicic physical physicic physical physical physical physicic physicic physicic physicic p | | 21a. ACCIDENT WAS UNI | CAUSE OF DE | A1111 | DE INJURY M. MONTH DA | Y YEAR | 21c HOW IN | NJURY OCCURI | RED (ENTER NATURE OF | | - | PART 2) | |
| NOISINI | ottending otten this c as the bur h and Me | MEDICAL | 21d INJURY OCCURI | HE 🗍 | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 211. LOCATI STREE | | City O | PR TOWN | C | OUNTY | STATE |
| | pitol or for week of Hedy | | 220.1 certify that (1) saw the decease obove (1) | | | | 6_, , | - | | , to death occurred on th | April e dote ond | | | that (1) (with couses stated |
| | hos hos hed hed ept. | | 21% SIGNATURE | 11 | 1 | and dom. | 1 1/1/2 | DEGREE | | | | 1 | 22c DATE | SIGNED |
| | by the ERAL D Store D Store D Store D | | 17H PHYSICIAN S NO | AME (TYPE | OR PRINTI | wo | | 22e ADDRE | | MEDICAL S | STAFF YSICIAN [| | 9-1 | 16-86 |
| C | PORT PORT | | Miriam L. | | | 17.1 | | 100 | | ersity Par | kway | Balt | io. M | id. 212 |
| 2 | 0 F 5 3 5 | 0.0 | | | | Too. | | | | TOTAL LOCATION | | | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

24 FUNERAL DIRECTOR Wm. C. March F/H Inc. 1101 East North Avenue

23b. DATE

9/20/86

230. BURIAL, CREMATION, REMOVAL (SPECIFY). Burial

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Colone

23d LOCATION

Baltimore

23c. NAME OF CEMETERY OR CREMATORY

Mount Auburn

COUNT Maryland TE

Balto. Md. 21218

19.86 , that (1) (v) last

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

MD.

Taller 1. C. St. C. St. C. Salverette Taller Nation Malton Md. 21213

| 1 | | 1 | FOR | | | E OF MARYLAND HEALTH AND MENTAL H | ACIENE 13 12 | <i>(</i>) | |
|--------------------------------|--|--|---|------------------------------|------------------------------|--------------------------------------|--|--|-------------------------------------|
| 00- | 17589 | Ľ | - STATE REGISTRAR | | | FICATE OF DEATH | REG. N | | 084 |
| | | 11.0 | PE OR PRINT | ST MIDDLE | | LAST | 20. DATE OF DEATH | | 2b. HOUR |
| | poge 3 | | M. | ARY | | GGS | | R 8, 1986 | 7:40,PM |
| | ge 4 mo | 3. : | Female | · NEGRO | MON | OF BIRTH HAY ST 1925 | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YEAR MONTHS DAYS | R IF UNDER 24 HRS HOURS MIN. |
| 0 | eath. Page neral direction 72 has | 0 70 | SOUNTRY) Carol | | T COUNTRY? | D NEVER MARRIED | | OR COUNTY OF DEATH | FLI MD. |
| The | offer de vithing affice a | 3 10 | Balto | 11. NAME OF HOSE | | OR OTHER INSTITUTION | 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O | OF WORKING LIFE ! INDUSTRY | OP BUSINESS OR |
| D 2 1 2 0 | 4 hours ed in b ld be fill | U5 13 | UAL RESIDENCE (IF NURSING HE STATE | | RESIDENCE BEFORE ADMISSION | 13d INSIDE CITY LIMITS | | 0 | 21213 |
| NA | in 2. | 14 | FATHER'S NAME | - 2 | Sa110- | YES NO 15. MOTHER'S MAIDEN | 19175, | Preston. | 54. |
| MARYLAND 2 | mgletel | 200 | JOHN TO PIRST | Richard | 1500 | Sally | Jane | Smith | AST |
| BALTIMORE, | execution in the second | 160 | WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF | YES, GIVE WAR OR DATES) | SOCIAL SECURITY NO. | 17 INFORMADIA | ADDRE ADDRE | 5m1 + h | E. ersonst. |
| ALTI | d (046 4 | 1 - | IL CAUSE OF DEATH IS | nter only one couse per line | for (a) (b) pod (c)) | 7 77 61 07 00 0 | X · C/X() · | | XMATE INTERVAL N ONSET AND DEATH |
| 2 | oj V | 1,2 | PART I. DEATH WAS | | | RICEAL BLEE | EDING | OCT WEEK | TONSET AND DEATH |
| PRESTON ST | e death ce attending nave carb tation, ar i | | Conditions, if any, wh | | A CONSEQUENCE OF | THE LIVER | | | |
| 3 | by the of by the of ose remoti f, cremati | | gave rise to immedicause (a), stating underlying cause li | ote) | | OHOL INGES | | | |
| IDS, 201 | signed Then plea to burial | 2 | | CANT CONDITIONS CONTR | RIBUTING TO DEATH BU | T NOT RELATED TO THE TE | rminal disease or con | DITION GIVEN IN PART 1 | 0). |
| DIVISION OF VITAL RECORDS, 201 | on. has been to permit the permit ows any is | NOT A CIET A CIE | 190 DATE OF OPERATION | 1 196 CONDITION | FOR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES 7 | |
| OF VITA | CIAN: Il physicia ertificate al-transit atal Hygi em 18 sh | 7 | OR CONTRIBUTING CAUS | OF DEATH HOUR A.M. | JURY MONTH DAY YEAR 19 | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART 2) | |
| VISION | ittending ittending er this cer the burid and Meni | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF IN | | 21f. LOCATION STREET | CITY OF TO | DWN COUNTY | STATE |
| ō | Or or Affre associated more | | | hospital ottended the de- | ceosed fromSEPTI | MBER 2 19 8 | 36 SEPTEM | BER 8, 86 | that (I) (we) last |
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| | o HO TO Fu should with Il | 1 | ALAN (J/. | RØSENBLOOM | M M.D. | 100 N. E | BROADWAY BA | LTIMORE, M | MD. 21231 |
| | BP | 23 | BURIAL, CREMATION, REN | 10 VAL 23h. DATE 9-13- | 86 mf. | CEMETERY OR CREMATOR | a JITY OR TOWN | Arunde/ | Bunt M |
| | DHMH - 16 60M 7/8 | 24 | FUNERAL DIRECTOR | | 14/1 | J No. 250 1 | DATE REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGNA | TURE |
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7922 Wise Ave Dundalk, Maryland 21222

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STATE OF MARYLAND

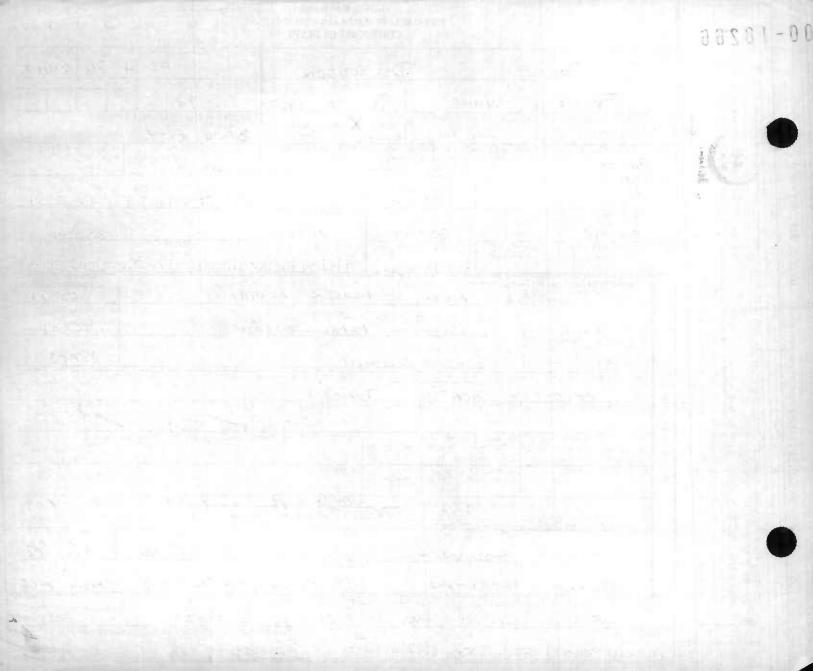


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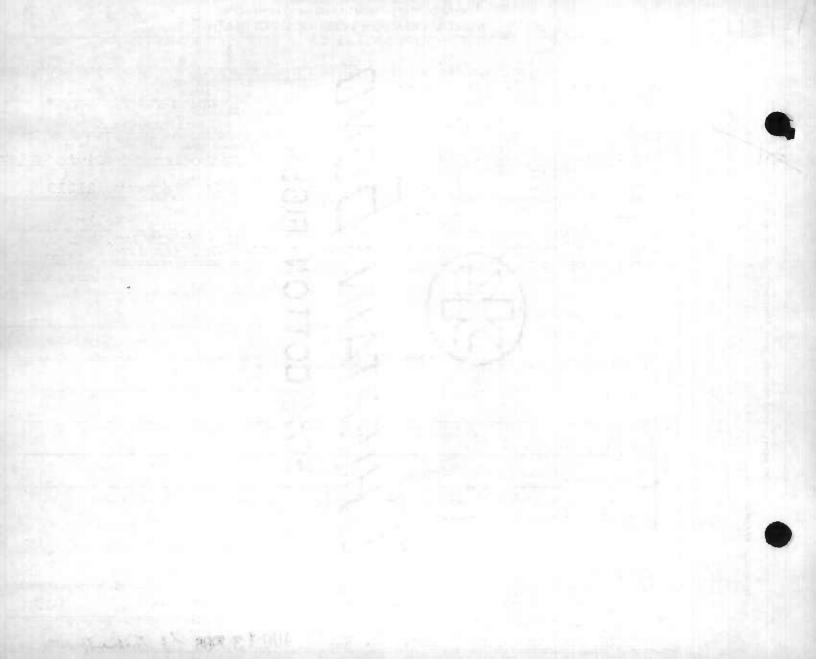
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| AND 1 Thed thould thould the | | aryland 13b COUR | | timore | 138. INSIDE CITY LIMITS? | 706 Bart Te | ft Avenue 21218 | 8 |
| 2 1 21 1 | _ | THER'S NAME | 1 | | 15. MOTHER'S MAIDEN NA | | | |
| 1 (1) | Y | Walter | Dav | i S | Ćallie | MIDDLE | Covington | |
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| | | es, no or unknown) (IF YES, GITUNKNOWN) | VE WAR OR DATES) | | Bernice Burt | on 706 BAr | tlett Avenue | |
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| bs, 2 | Z | PART 2. OTHER SIGNIFICANT | | ease | NOT RELATED TO THE TERM | INAL DISEASE OR CONE | DITION GIVEN IN PART 110 | |
| L RECOR | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES \rightarrow NO | ATH? |
| VITA N: Th hysicio cote cote Hygie Hygie | | 210. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | | Y IN ITEM 18 PART 1 OR PART 2) | |
| V OF VIII | ¥ | OR CONTRIBUTING CAUSE OF DE | | IH DAY TEAK | 100 | | | |
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| | | | | , 3, | 2/ 1086 | 9/10 | 7 10 8 6 that (1) | |
| END ON S | | 22a-1 certify that (I) (this hosp | | | , , , | death accurred of the de | te and have and from the couses s | (we) last |
| ATT ATT OSPIN | | abave, (1) (we) (did) (did no | at) view the body after death | , 0 | | death decorred an the de | | |
| OR A DIRECTOR A DORECTOR A DORECTOR A DEPOT- | | 22b. SIGNATURE | R | 0 | DEGREE ATTENDING | MEDICAL STAF | E DATE SIGNED | 10 |
| RAL dest | | Valen | e pas | nuck | PHYSICIAN [| DIRECTOR PHYSIC | | 86 |
| TO HOSPITAL Letoined by the TO FUNERAL I should be detained with the State I MAPORTANT: II | | 22d PHYSICIAN'S NAME (TYPE | 2 Barr | 110.11 | 22e ADDRESS | | | |
| MAP With | 22 0 | | | | EMETERY OR COSTA AVECTO | 23d LOCATION | | |
| | | iurial, cremation, removal Specify) UR IAL | 23b. DATE 9/25/86 | | Dam Cemetery | Laurel Hi | 11, COUNTY N.C | STATE |
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| Pog hour | 190 | BIRTHPLACE STATE OF FOREIGN | 76. CITIZEN OF | WHAT COUN | TRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF | DEATH | |
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| 34)4/ | 19 | BALTO | 11. NAME OF | HOSPITAL, NI CHEACHITY, GIVE Agnes | URSING HOME C STREET ADDRESS! HOSPITA | R OTHER INSTITUTION | 120 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF V HOMEMAKET | | 2b. KIND OI NDUSTRY | F BUSINESS OR |
| led bild | 130 | JAL RESIDENCE (IF NURSING HO STATE 13b. (| ME OR OTHER INSTITUTION | 13c. CITY OR | TOWN | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / 1179 Clevel | | root | 21220 |
| | | ATHER'S NAME | | 1 Dail. | THOLE | 15. MOTHER'S MAIDEN I | | and St. | Leet, | 21230 |
| with a second se | 27 | FIRST | WIDDLE | LAS | | FIGEORGE | MIDDLE | | Cala s | . 60 |
| e company | a 16a | Bernard WAS DECEASED EVER IN U. | S. ARMED FORCES? | | hafer SECURITY NO. | Florence Flo | ADDRES | 5 | Scha | nier |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death certific attending physician. Viter this certificate has been signed by the attending p as the buriol-transit permit. Then please remove corbon th and Memtal Hygiene prior to buriol, cremation, or removed or teem 18 shows any injury, or other froumatic expendice or teem 18 shows any injury, or other froumatic expenses. | 4 | IMM | EDIATE CAUSE (o) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - I felicing | | | vour |
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| sign hen to bu | Z | | _ | | | | rminal disease or cond | TION GIVEN | N PART III | 3 |
| reen ior t | CERTIFICATION | 190 DATE OF OPERATION | | AORTO | | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WI | ERE FINDIN | AGS USED |
| n. n | 5 | DATE OF OPERATION | 17.0.00142 | JIIIOI TOK W | THE TOTER THE | THE CHARLES | | IN CERTIFYING | G CAUSES | OF DEATH? |
| N: The I hysicion. | - E | 21g. ACCIDENT WAS UNDERLYIF | 4G T 21b. TIME (| OF IN IURY | | 21r HOW IN IURY OCC | URRED (ENTER NATURE OF INJURY | | | NO [] |
| AN: physicificot trong of Hyg | | OR CONTRIBUTING CAUSE | OF DEATH HOUR A | .M. MONTH | | | OWNED TEMER WATER OF INJUNE | | 0 | |
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| PHY ending | MEC | WHILE NOT WHILE | LAT HOME, S | TREET, FACTORY, O | FFICE, FARM, ETC.) | STREET | CITY OR TOW | N | COUNTY | STATE |
| DING P or offer the e os the ofth one | | AT WORK AT WORK | | | | 9/14/h 10 87 | e 100 | | - | |
| Neo Per Is | | 220.1 certify that (1) (this sow the deceased ali | | he deceased f | | 7 | on death occurred on the dat | , 19_ | | that () (we) lost |
| ATTR Dispirt SCTC d foi f. of | 1 | obove, (/) (we) (did) (did) | did not) view the bod | y affer death. | | | on death occurred on the dat | 2 0110 11001 0110 | | |
| OR A DIRE Dept | | 22b. SIGNATURE | . (| | | DEGREE ATTENDING | MEDICAL STAFF | | 22c DATE | SIGNED |
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| 7 5 5 ₹ 3 3 | 230 | BURIAL, CREMATION, REM | | Bine | | EMETERY OR CREMATOR | CITY OR TOWN | 50 | YTAUC | STATE |
| BP | | Burial | 9/17 | /86 | Mt. Oli | vet Cemetery | Baltimore | | | Marylan |
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| (VRA 15, 4) | F | Hubbard Funera | al Home, I | nc., 4. | 107 Wilk | ens Ave. | SEP 1 7 109 8 | Ey and | av deep | مالك الرافع المساور |



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| 13 - | 15140 | | REGISTRAR | | MEI | DICAL | EXAMIN | ER'S C | ERTIFIC | CATEO | F DEA | TH REG. | NO. | 1 | |
| U | | | CEASED NAME | FIRST | | MIDDLE | | | LAST | | 2 | DATE KNOWN | | DAY YEAR | 26 HOUR |
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| | PLEASI ECTOR FILES HOUR | 3 SE) | , | Char 4. RACE | | 1. | L ACE (SAME | | oling | | | | □ 8/ | 9/ 19 86 | |
| | STATE | | | | 5. DATE OF BIRTH | YEAR | 6. AGE (IN YEA | Y) MONTH | | IF UNDER | | RONOUNCED | MOININ | DAT TEAR | 3:37 |
| | N 220 N | Ma | le | White | 8-2-192 | 2 | 64 YR | S. | | | | DEAD | 8/ | 9/ 1986 | |
| | IECTSARY, PLEASE UNEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS MESTON STREET. | 7a. Bi | RTHPLACE (ST | ATE OR | 76 CITIZEN OF WH | AT COUN | ITRY? | 8 AAA DDI | ED NEV | /ED AA A DD | IED CX 9 | BALTIMORE CIT | Y OR COUN | TY OF DEATH | |
| - | 世帯の音楽 | FO | Md. | | U.S. | Α. | | WIDOW | | DIVORC | | Baltimo | co City | 17 | |
| | 23903 | ID. CI | TY OR TOWN | DE DEATH | II. NAME OF HOS | | RSING HOME | | | | | AL OCCUPATION | | | USINESS |
| | AL THE POOL | - | | | (IF NOT IN SUCH FA | CILITY, GIVE S | TREET ADDRESS) | | LIK K -017101 | | FOR MC | OST OF WORKING LIFE) | | OR INDUS | RY |
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| | 9 "00 00 7 | 14. FA | ATHER'S NAME | | | 1 | | | 15. MOTHE | R'S MAIDE | | | | | |
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| | M 25 0 25 | (Y | ES, NO, OR UNKNO | WN) (IF YES GIVE | WAR OR DATES) | | | | | | . 422 | 25 Hickor | y Ave. | . Apt. A | 4 |
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| | Some Hand | | UNDERLYING | | | | DAY YEAR | ZICHC | JW INJUKY | OCCURRE | D (ENTER NA | ATURE OF INJURY IN ITEM | 18 PART 1 OR PA | ART 2) | |
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| | ▼ ₹ ₹ ₽ ₽ ₽ ₽ ₽ | 177 | death resulte | d fram: Natu | ral causes X, | Accident | , Sui | cide | Homic | ide | Undeter | rmined manner | | | |
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| | OREA SEA | | | | | 1 | / | | | | | | 510111 | | |
| | MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH | - | (TYPE OR PRIN | NAME Gre | egory R. K | auffn | man. M. | D. | ADDRESS_ | | 111 | Penn St. | | | |
| | TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNERAD INECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | 230 B | | ION REMOVAL 2 | | | NAME OF CEM | | | ORY | 123d LOC | ATION | | | |
| | | {: | Bur | | 8/12/86 | | olly H | | . chemate | | CITY OF | itimore | COU | MC | JATE |
| | 7/84 BP | 74 EI | | | | | | | | 75a DATE | | REGISTRAR 25b RI | | | • |
| | DHMH - 17 | 24. [| NAME SCH | Imunek | Funerals | Home | e, Inc | | | | ALC D. DT | NEGISIKAK 238 KI | | | |
| | (VR A15 ME (5)) | | 333 | 1 Brehm | s Lane, | Balt | to. Mo | 2. | 1213 | AUG | 13 | 986 | Trinda | A Ganda BE | 1 |
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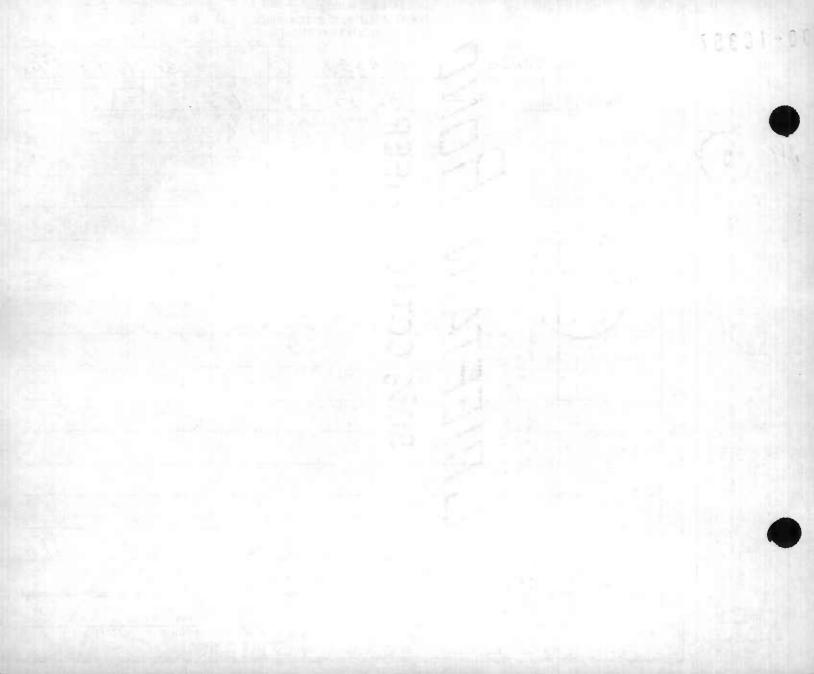
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| DECEASED NAME TYPE OR PRINT) LAWRENCE ORSEY 1. RACE 1. DATE OF DEATH MONTH DAY YEAR TO SEPT 16 8 4 5 5 DATE OF BIRTH 1. RACE 1. DATE OF DEATH MONTH DAY YEAR TO SEPT 16 8 4 5 5 DATE OF BIRTH 1. DECEASED NAME 1. DATE OF DEATH MONTH DAY YEAR TO SEPT 16 8 4 5 5 DATE OF BIRTH 1. DECEASED NAME 1. DECEASED NAME 1. TYPE OR PRINT) 1. DECEASED NAME 1. DECEASED NAM | 26 HOUR S |
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| 1.5EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR |) PM |
| MALE BLACK 02 27 23 63 YRS MONTHS DATS | IF UNDER 24 HRS HOURS MIN. |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) 16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MARRIED MARRIED MARRIED | , MD |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FABILITY GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beth. | Steel |
| | 1217 |
| Albert Dorsey Ethel Harriet Stansb | ury |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES VES GIVE WAR OR DATES) 215-12-4328 Constance Dorsey 1677 W. North Aven | ue |
| 18. CAUSE OF DEATH (Enter only one cause per line for tal. (b), and its part of the sequence o | |
| NO DE LE CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO | |
| OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH | |
| PHYSICIAN DIRECTOR PHYSICIAN 276. ADDRESS AND SOLVE ADDRESS A | 6/86 |
| 236. BORIAL, CREMATION, REMOVAL 236, DATE 236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION | ld. STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR ADDRESS North Avenue 250. DATE REC'D. BY REGISTRAR' 25b REGISTRAR' S SIGNATUR APPRIL DIRECTOR APPRIL DIRECTOR 1250. DATE REC'D. BY REGISTRAR' 25b REGISTRAR' S SIGNATUR APPRIL DIRECTOR A | RE |

STATE OF MARYLAND



| | | | | | | | | | ARYLAN | | | | 0 | 200 | | - 0 | 7 |
|----------------------------|--|---------------|----------------------------|-----------------------|-----------------------------|---------------------|------------------------------|---------------|----------------|----------------|-----------|-----------------|---------------|-------------|----------|------------|-----------------------|
| 00 | | | FOR STATE | | | | TMENT OF | | | | | 5 0 | es. | 2 5 | 13 | A | 0 |
| 00- | 18141 | _ | REGISTRAR | | | MEDICAL | EXAMIN | | | CATEO | F DEA | TH | REG. NO. | | | | |
| | | | CEASED NAMI | FIRST | | WIDDLE | | | LAST | | 12 | OF E | STI- | MONTH | DAY | YEAR | 26. HOUR |
| | ES. ET. | | | Len | a | MAE | | D | owney | 7 | | DEATH M | ATED X | 9 | 10 1 | 9 86 | _ M |
| | 当ら言う語 | 3 SEX | | 4 RACE | 5 DATE OF | BIRTH DAY YEAR | 6. AGE (IN YE LAST BIRTHD | | | IF UNDER | | RONOUNCE | | MONTH | DAY | YEAR | 2d HOUR |
| | OUR ON S | FE | MALE | WHITE | OCT | 19 1913 | 3 72 v | RS. | DAYS | HOURS | MIN P | DEAD | U | 9 | 11 | 1986 | 6:45E |
| 4 | RAL X AL | 70. BI | RTHPLACE (5' | TATE OR | 76. CITIZEN | OF WHAT COL | NTRY? | 8. MARRIE | D NEV | VER MARRIE | ED D | BALTIMOR | E CITY OR | COUNT | Y OF DE | EATH | - |
| | NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN Y HOURS W. PRESTON STREET, | | MARYL | AND | U. | S. A. | | WIDOW | | DIVORCE | | B | altim | ore (| City | , | MD |
| , , | NEW YORK | ID CI | TY OR TOWN | OF DEATH | 11. NAME C | OF HOSPITAL, N | URSING HOME | E, OR OTHE | R INSTITUT | TION | 12a USU/ | AL OCCUPAT | TION (TYPE C | | 12b KINI | D OF BUI | SINESS |
| 0 | \$64 T | | Baltimo | re | 193 | 9 Lemon | Street | | | | CLE | ERK | D LIFE) | 1 | | | Ind. |
| (= | 是2312 | USUA 130 S | | (IF IN NURSING HOME O | | | Y OR TOWN | | 13d. INSIDE CI | ITV I IMITCS | | ET ADDRESS | - 11 | | | | |
| 21201 | 名を存む | | ARYLANI | | | | MORE | | YES Z | NO 🗆 | 1939 | | N 5 | 7.3 | PALT | 2. 2 | 1223 |
| M. | Tank | 14. F/ | THER'S NAME | | MIDDLE | | LAST | | 15 MOTHE | R'S MAIDE | NNAME | MIDD | | 1.00 | | AST | |
| | EVE25 | 1 | HARLE | 3 | MIDDLE | W | ITTKOV | NSKI | 1 | MINN | IIE | MIDU | E | | 1.7 | 121 | |
| BALTIMORE | JRS AFTER DE WITH FORM WITH FORM I. PAGES 1 A DIVISION OF | 160. V | | DEVER IN U.S. AR | MED FORCES WAR OR DATES) | | CIAL SECURIT | | 17. INFORM | | | | ADDRESS | 00:21 | 102 | DK | |
| A ET | S AFTER GIVE PA ITH FOI PAGES NISION | ,,, | No | (IF TES, GIVE | WAR OR DATES | 5/3 | 5-03-40 | 104-D | BELVA | AKRAL | 165 | 4 | 7210 | TC | 111 | Mi | 2104 |
| | | | 18 CAUSE O | F DEATH (Enter on | ly one cause p | per line for (a), (| b), ond (c).) | | | | - | | | | APP | ROXIMATE | INTERVAL AND DEATH |
| PRESTON ST., | SKS KA | | PARTIDE | ATH WAS CAUSE | D BY: TE CAUSE (a) | Hymor | tensive | card | iovas | cular | dise | ease | | | BETWE | EN ONSET | AND DEATH |
| STO | AZ 24 AZ 17 A GIIP | | | MUNEDIA | | O, OR AS A CO | NSEQUENCE | OF | | | | | | | | | |
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| 201 | SHOULD BE EXECUTED WITHIN 24 DRD "PENDING" IN PENCIL IN IT CHIEF MEDICAL EX-AMINER AIC E USED AS A BURIAL - TRANSIT PI OF HEALTH AND MENTAL HYGI URIAL, CREMATION, OR REMOV. | | lying cou | ise last. | (c) | | | | | | | | | | | | |
| DS, | PENDING" MEDICAL AS A BUR EALTH ANI CREMATI | | PART 2 OTHER SI | GNIFICANT CONDITIONS | | DEATH BUT NOT RE | LATED TO THE TERM | AINAL DISEASE | OR CONDITION | N GIVEN IN PAR | T 1 (a), | | | | - | | |
| 0 | NDIC NOT | NO O | | | | | | | | | | | | | | | |
| 2 | SE S | N. | 190. DATE OF | OPERATION | 196 C | ONDITION FOI | WHICH OPER | RATION W | AS PERFOR | MED? | | | | | 2D AL | UTOPSY? | |
| /ITA | SHOULD OND "PE CHIEF A E USED A T OF HE/ | I H | 100 | | | | | | | | | | | | YI | ES 🗌 | ХХои |
| DIVISION OF VITAL RECORDS. | CERTIFICATE SHOULD SITING THE WORD "PE ROS SHOULD BE USED. SEPARTMENT OF HE, EDEPARTMENT OF HE, OI PRIOR TO BURIAL, OI PRIOR TO BURIAL, | CERTIFICATION | | L CAUSE WAS | | IME OF INJURY | L DAY VEAL | 21c HO | W INJURY | OCCURRED | DIENTERNA | ATURE OF INJURY | IN ITEM 18 PA | RT 1 OR PAR | | | |
| NO | OH TOOK A | | UNDERLYING | OR OR OF I | | P.M. | 19 19 | ` | - | | | | | | | | |
| VISIO | ED 1 SEPA | MEDICAL | 21d INJURY C | CCURRED | 21e P | LACE OF INJUR | Y (AT HOME, | 21f LOC | | 400 | 153 | | | 100 | | | |
| 5 | THIS C WARDE PAGE 3 TATE D 21201 | E | AT WORK | NOT WHILE C |) SIMI | EET, PACTORY, PARM, | ETC) | 51 | REET | | | CITY OR TOWN | | COU | NTY | | STATE |
| | NMER: THIS CERTIFICATE SHC ICATE, WRITING THE WORD TORE PAGE 3 SHOULD BE UT TORE PAGE 3 SHOULD BE UT THE STATE DEPARMENT OF AND, 21201 PRIGRID BURI | | 2000 | ly that I took chorg | a al the some | ine docaribad of | and hald an | Autops | | | | , | ₹ . | | 2.17 | | |
| | A S D HA | | death result | | ral causes X | 7 | | | | Inspection | - | Inquiry L | | in my opi | nion | | |
| | RECONSTRUCTION OF THE CONTRACT | | death result | ANATUI | rai causes K | Acciden | L | icide | Hamici | | Undeter | rmined mann | er [_], | | | | |
| | Z S S S S S S S S S S S S S S S S S S S | | ACTUAL SIGNATURE | /IV | 16 | 400 | | | | | ef | CAL EXAMIN | | DATE | 9/ | 12/8 | 16 |
| | SER EN | - | SIGNATURE, | 11 | 1 | 1 | | | <u>ocpue</u> | 7 0112 | WEDIC | LALEXAMIN | ER | SIGNED |) | 12/0 | |
| | SE S | 1 | EXAMINER'S (TYPE OR PRI | NAME V | Ann M. | Dixon, | M.D. | | DDRESS | 111 | Penn | St. I | Balto. | .MD. | | | |
| | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNEAR DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 | 23o.B | JRIAL, CREMA | | 36. DATE | 1230 | NAME OF CE | | | ORY | 23d. LOC | CATION | | | | | |
| 07/84 | BP | 2 | BURIAL | | 5 SEPT. | 86 h | LESTERN | CEN | ETER | 24 | | PLITMCH | es c | ITY | IA | ST | 2) |
| 25M | DHMH - 17 | 24. FU | JNERAL DIREC | | | ADDRESS ZX | 213 | | | | | REGISTRAR | | RAR'S SH | GNATU | | |
| | (VR A15 ME (5)) | .52 | ACK 1 | FUNKEAL. | tonec | MULO | IT (1) | w m | 710 | 13 | SEP | 6 198 | 3 | | loss. | - 10-10-10 | 2.00 |
| | | | | 7.7.7.7 | | | - | 1, 111 | - | | | 4 14.01 | / | | | PL | - |

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| | | | | STATE OF MARY | LAND | | | | |
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| -16053 | 1 | FOR STATE REGISTRAR | DEPARTA | MENT OF HEALTH AND CERTIFICATE OF | | REG. N | 2 | 5 0 | 7 1 |
| | | CEASED NAME FIRST | MIDDLE | EAST | | 20. DATE OF DEATH | | YEAR 26 HO | DUR P |
| ad to | | FREDA | Mary Ellen | DRIVER | | AUGUST 1 | 6 1986 | 1 | 0:00 |
| mo) | 3. SE | X | 4 RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIR | | | ER 24 HRS |
| 4 | | 7 | D | MONTH DAY | YEAR | (0 | MONTHS | DAYS HOURS | MIN. |
| 2 | | | 76 CITIZEN OF WHAT COUNTRY? | 8. | 16 | 9 BALTIMORE CITY C | YRS. | EATH. | |
| the second | | COUNTRY] | U.sa. | MARRIED NEVER | | | MORE CI | | |
| 1 th | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | STITUTION | 12a USUAL OCCUPATI | | KIND OF BUSIN | MD. |
| od the | - | BALTIMORE | THE JOHNS HO | ADDRESS) PKINS HOS | | (TYPE OF WORK FOR MOST O | OF WORKING LIFE) IND | DUSTRY | AESS OK |
| Id be in | 130, | STATE 136 COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) N 13d. INSIDE | CITY LIMITS? | 13 STREET ADDRESS | ZIP CODE | 212: | 57 |
| 7 3 | | Maryland | Baltimor | 1129 123 | ио 🗆 | 2000 Odel. | L Ave. Ap | t. 617 | |
| 10 55 | 1 | ATHER'S NAME FIRST | WIDDLE LAST | 15. MOTHE | R'S MAIDEN NA | WE | | LAST | |
| | | Vorman | Chester | Jeni | nie | Cooper | C | hester | |
| 341 | | WAS DECEASED EVER IN U.S. ARA | WAR OR DATES | | | ADDRE | ESS | | |
| n i | | yes | 21418740 | 7 Blone | diene Ch | nester 1521 | North Sp | ring St | reet |
| Sicilo Sicilo | | 18 CAUSE OF DEATH (Enter onl | y one cause per line far (a), (b), and BY: | d (c).) | | | | APPROXIMATE INTE | ERVAI |
| N Fa | | PART I. DEATH WAS CAUSEI | ECAUSE (a) Cordiap | monomy | Arres | + | V / 3 | O . | DUCAIN |
| W = | | | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | |
| U 2- | | Canditians, if any, which | | c Acidos | 3 | | | 2-41 | ١ |
| mot mot | 33 | gove rise to immediate couse (a), stating the | | | | | | 3 10 | Shirt S |
| othe | 1 | underlying cause last. | DUE TO, OR AS A CONSEQUE | Pai luc | | | | 3 | mt c |
| Then ple to burn injury, or | 7 | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO D | | D TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | PART Ito | |
| mit. The prior to ony inju | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERF | ORMED | I nag AUTOPSY? | 20b. IF YES, WERE | E FINDINGS LIST | ED |
| hos ene | Ĭ. | | | | | YEST NOW | IN CERTIFYING (| CAUSES OF DEA | ATH? |
| SO T B | | 210, ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH DA | 21c. HOW I | NJURY OCCUR | RED (ENTER NATURE OF INVII | RY IN ITEM IS PART I OR | PART 2) | |
| riiol-fra | 18 | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | |
| dor l | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCAT | ION | CITY COLO | | | |
| olth and M morked or | 2 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC) SINC | | CITY OR TO | WN COL | YINUY | STATE |
| mo m | | 22a I certify that (I) (this hospite | al) attended the deceased from | | 19 | | 10 | , that (l) (| (we) lost |
| of H 21 is | | saw the deceased alive on | 19 | , and that in (my | | death occurred an the do | | | |
| Dept f Hem | | 22% SIGNATURE AND AND | eew the body after death. | DEGREE | | | | C. DATE SIGNED | |
| F D C | | 11/1/1/ | th. | 1.0 | ATTENDING _ | MEDICAL STAF | F . | 01 - 1 | -1 |
| be deto | | 22d. PHYSICIAN'S NAME | PERU) | 122e ADDRE | SSTHEJOI | DIRECTOR PHYSIC | | 81161 | 80 |
| Should be deto with the Stote | | NANCT | 1 50 WILSON | 601 | MO ! | HNS HOPKIA | HS HOSPI | TAL | 2126 |
| · vi s ≤[| 23a. | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | AME OF CEMETERY OR | CREMATORY | 23d. LOCATION | | | |
| | | urial | 8/22/86 M | T.AUBURN | | Baltimo: | COUNT | MT. | STATE D. |
| - 16 60M 7/84 | | JNERAL DIRECTOR | | | 25a DATE | REC'D. BY REGISTRAR | 256. REGISTRAR'S S | | la little |
| A 15, 4) | | WM.C.MARCH F/H | INC. 1101 E.NORT | H AVENUE | A | UG 2 1 1986 | June com | mingle . | |
| | | , 11 | 711 INC. 1101 E.NORTH AVENUE | | | | | | |

17,547.1P 55.53.35 and the second of the second

| 0000 | 1. | FOR STATE REGISTRAR | DEPARTMENT OF I | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | | 2509 |
|--|---------------|--|---|---|--|---|
| 8899 8899 | | CEASED NAME PRINTI | MIDDLE | Driver | REG. NO | MONTH DAY YEAR 26 HOUR |
| ge 4 may ector. pog rs ofter de | 3. SE | MALE BY | ACK S. DATE O | DF BIRTH H DAY YEAR 12 0 9 | 6. AGE (IN YEARS LAST BIRT | - 10 111 |
| erol din 72 hou | M | ARULAND U | S.H. WIDOW | | Baltin | COUNTY OF DEATH |
| 2 | P 2 | altimore 300 | DF HOSPITAL, NURSING HOME (SUCH FACILITY, GIVE STREET ADDRESS) SECOUR H | OS PITAL | 120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF | |
| should the | 14 | AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT TATE 136 COUNTY THER'S NAME | ion give residence before admission) 13. CITY OF TOWN ROLL MOTE | 13d. INSIDE CITY LIMITS? YES NO 1 | | MONROR 2121 |
| uted with | 3 | Maryous T, | DRIVER 5? 1166 SOCIAL SECURITY NO. | Marky 17. INFORMANT | MIDDLE | Canter |
| Pe exe | | VAS DECEASED EVER IN U.S. ARMED FORCE: (ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES | | GENARIO | Wynna | 324 N. MonRe |
| ng physic bon pop removo | | 18 CAUSE OF DEATH (Enter only one couse PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) | 10 1 | we shoop | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| the death ce by the ottendin sse remove corb , cremation, or rother troumotic | | Conditions, if ony, which gove rise to immediate couse Io1, stating the DUETO | OR AS A CONSEQUENCE OF | andral infair | ton | |
| quires that signed by hen please to burial, a | Z | PART 2. OTHER SIGNIFICANT CONDITIONS | | I NOT RELATED TO THE TERM | INAL DISEASE OR CONI | DITION GIVEN IN PART \$10 |
| os been os prior re prior vs ony in | CERTIFICATION | 190 DATE OF OPERATION 196 COI | NDITION FOR WHICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| SICIAN: The ng physicion certificate huriol-tronsit pentol Hygier Item 18 show | | | E OF INJURY A.M. MONTH DAY YEAR P.M. 19 | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | |
| G PHYS or this ond Me | MEDICAL | | CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TO | WN COUNTY STATE |
| OR ATTENDIN e hospitol or of DRECTOR: Aft othed for use or Dept. of Health (frem 21 is mor | | 220. I certify that (1) (this haspital) attended saw the deceased alive on above, (1) (we) (did) (did not) view the ba | 19 | nd that in (my) (our) opinion | , to deoth occurred on the do | te and hour and from the couses stated |
| | | 22b. SIGNATURE | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAF | 221. DATE SIGNED |
| TO HOSPITAL or Fredoined by the TO FUNERAL should be deto with the Stote IMPORTANT: IMPO | | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) | | 22e ADDRESS | | |
| BP | 1 | BURIAL CREMATION, REMOVAL 236 DATE | 26/86 ND. | Lational | 23d. LOCATION CITY OR TOWN LAURY | COUNTY NATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 1/2 | IMME March F/H | FAC. 11018.1 | LORHI AVE | P 2.3 1986 | 256. REGISTRAR'S SIGNATURE |

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| 2 | | | 1- | OR | | | DEPA | STAT RTMENT OF | E OF MARYL EALTH AND | | HENE 8 | 6 | 2 | 5 | 3 9 | 1 | |
|-------------|--|----------|--|--|---------------|--------------------------------|-------------------|-------------------|----------------------------|---------------|-----------------|---|-----------|-----------------|---------------|----------------|--|
| 00-1 | 909 | 6 | | REGISTRAR | | | | | ICATE OF | DEATH | | REG. NO. | | | | | |
| | . m.e | | TYPE O | ASED NAME | VIVI | | DIE | | DEK | | 20. DATE OF | DEATH MO | D HTMC | AY YEAR | 2b. HOU | R | |
| 2 | poge r deot | | | | IVI | | | D | UDE | K. | SEPTE | | | 1986 | 5.3 | 4 4 | |
| E | 94 | 24 | 3-8EX | | 4 | RACE | | S. DATE (| | YEAR | 6 AGE (IN YE. | ARS LAST BIRTHD | | IF UNDER I YEAR | | 24 HRS MiN. | |
| 6 | S of S | - | Fe | male | | White | | 2 | 2 | 1924 | 62 | | YRS. | | | | |
| | 42 | 6/1 | | HPLACE (STATE OR F | OREIGN 7 | 76. CITIZEN OF WHAT COUNTRY? | | | 8. MARRIED X NEVER MARRIED | | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| | 12 | 87 | Penna. | | | U.S.A. | | | WIDOWED DIVORCED | | | Baltimore City MD. | | | | | |
| 1 | 125 | 85 | TO CITY OR TOWN OF DEATH | | | 11 NAME OF HOSPITAL, NURSING H | | | DORESS) | | | 12a USUAL OCCUPATION 12b, KIND OF BUSINESS O (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | SS OR | |
| 25/ | 绝 | 1 | | ltimore | 19 | Church | Hospit | al Corr | oratio | n | Housew | rife | | Own | Home | | |
| 2/ 1 | P P | 376 | 130. ST | RESIDENCE (IF NURS | 131 COUNT | Y | 13c. CITY OR 1 | TOWN | 13d INSIDE | CITY LIMITS? | 13e.STREET A | DDRESS / Z | IP CODE | | | | |
| A | = 7 | 2/ | | ryland | Balti | more | Dunda | lk | YES 🗌 | NO | 2933 Y | orkway | y 212 | 22 | | - 1 | |
| RYL | To. | 11/2 | In FAT | HER'S NAME FIRST | AA | DOLE | LAST | | 15 MOTHER | S MAIDEN NA | ME | WIDDLE | | LA | ST | | |
| WA | du | 12/0 | / | Richard | | - | Jack | son | Len | | | _ | | Rows | | | |
| ORE, | 27 | 20 | | S DECEASED EVER | | ED FORCES? | 16b. SOCIAL S | SECURITY NO. | 17 INFORM | ANT | Hatte | ADDRESS | | | | | |
| BALTIMOR | 0 0 0 | 4 | No | , no on grant or any | | TAN ON DATES, | 354-3 | 0-3393 | Joseph | h F. Du | dek | sar | me_as | 13e | | | |
| SALT | 115 | 1: | 1 | 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) | | | | | | | | | | BETWEEN | XIMATE INTERV | VAL | |
| V ST., BAI | (主野 | - | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIOPULMONARY ARREST | | | | | | | | | | | | | |
| Z | | 1 | | | THE DIVILE | | R AS A CONSE | | | | | | | | | | |
| PRESTON | -10 | 1 mm | | Conditions, if ony, | which | (b) | K AS A CONSI | EGOEIACE OI | | | | | | | | | |
| g | Both and | r tro | | gove rise to imm | nediate | 10, | 0.10.1.00.100 | | | V-1 | | | | 1 100 | | | |
| 3 | by t | othe | | underlying cause | | (6) | R AS A CONSE | EQUENCE OF | | | | | | | | | |
| 201 | ned plec | 70 / | | ART 2. OTHER SIGN | NIFICANT CO | 147 | ONTRIBUTING | TO DEATH BUT | NOT RELATE | D TO THE TERM | INAL DISEASE | OR CONDIT | TION GIVE | N IN PART 1 | In: | _ | |
| SDS, | sign Then to b | njo | | | | | | | | | | | | | V. III | | |
| RECORDS, | beer prior | , Yun | CERTIFICATION | DATE OF OPERAT | ION | 196 COND | ITION FOR WE | HICH OPERATIO | N WAS PERFO | ORMED | 200 AUTO | | | , WERE FINDI | | | |
| - H | | Enfo | 필 | | | | | | | | YES 🗆 | NOX " | | YING CAUSES | S OF DEAT | | |
| VITA | hysician. Icate has ransit pe Hygiene | 8 58 | E 1 | In. ACCIDENT WAS UND | ERLYING | 21b. TIME C | | | 21c HOW II | NJURY OCCUR | | | | | | | |
| OF V | physical all transition of the hyperited Hyper | EA | | OR CONTRIBUTING | | | | DAY YEAR | | | | | | | | | |
| SION OF VI | nding phenial-tra | or He | MEDICAL | (IF EITHER NOTIFY MEDIC | | | M. OF INJURY | 19 | 211. LOCATI | ON | | | | | | | |
| PIVISION OF | | P | | WHILE NOT WH | IKE 🗍 | | REET, FACTORY, OF | FICE, FARM, ETC) | STREE | | | CITY OR TOWN | 1 | COUNTY | 51 | TATE | |
| 6 | or o | an or | I - | 220.1 certify that (1) (This haspital) attended the deceased from SEPTEMBER 21, 86 to SEPTEMBER 24, 86, that (1) (we) last | | | | | | | | | | | 7 | | |
| 2 | I O O I | is | ľ | saw the decease | d alive on | EPTEM | BER 24 | 0.0 | | (aur) opinion | | | | / | | | |
| | 2 5 | E 2 | | above, (Ix we) (a | lid (did not) | view the body | ofter death. | -,, 0 | | Composition | dealli occorred | diffine dore | Ona noor | | | led | |
| 90 | م م م | # He | ľ | 20. SIGNATURE | uni | latto | | | DEGREE | ATTENDING _ | MEDICAL _ | STAFF | | 72c. DATE | ESIGNED | 101 | |
| 4 | | = / | | 2d. PHYSICIAN'S | 108 | work | - | | | PHYSICIAN [| DIRECTOR | PHYSICIAL | | 17/ | 24/ | 186 | |
| 0 | ed by t | RTA | | 20. PHISICIAN SAU | SH | ETT | 1 | | | SS X MXX | | KROAD | MXX | ., | ,, | | |
| Ĭ | etained by Should be with the S | MPORTANI | | 1.4. | 2/// | 11/ | | | CHUR | CH HOS | PITAL | | | | | | |
| 1 | . s → s | 21 | | RIAL, CREMATION, | REMOVAL | 23b. DATE | | 23c. NAME OF C | EMETO OOR | NREMA BRO | ADWASA | ION | | COUNTY | 63 | TATE | |
| | BP | | | cial | | 9-26-8 | | Gardens | SEALT | th MD | | | timo | re. Ma | | | |
| DI | HMH - 16 60M | 7/84 | 24 FUN | IERAL DIRECTOR | | | | | | | E REC'D. BY RE | GISTRAR 256 | REGISTR | RAR'S SIGNAT | TURE | | |
| | (VRA 15, 4) | | Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222 SEP 25 1986 | | | | | | | | | | | | Plant . | | |

MARON LAND

LILEHE - VA

|)-184r | | 1. | FOR STATE REGISTRAR | | DEPAI | RTMENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENE 3 6 | 2 5 | U | 98 |
|--|-----------|---------------|--|--|--------------------------------------|-----------------|--|----------------------------|-------------------------------|----------------------|--------------------|
| 1040 | , , | | CEASED NAME FIRST | | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DAY | YEAR 21 | b. HOUR |
| nay be page : | J. 6 | | JC | HN | | DUFF | | AUGUST 28 | , 1986 | | 1:13 M |
| | | 3 SE | (| 4 RACE | | 5. DATE (| | 6. AGE IN YEARS LAST BI | THDAY) IF UN | | F UNDER 24 HRS |
| ge 4 ector | 1 | 2. | Male | Whit | te | 9 | 18 34 | 51 | YRS. | | OURS MIT |
| neral dir | of once. | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN O | F WHAT COUNTR | MARRIE | D NEVER MARRIED | BALTIMORE CITY OF | | | MD |
| other d | ofitigle | | TY OR TOWN OF DEATH | (IF NOT IN S | UCH FACILITY, GIVE STR | SING HOME (| HOSPITAL | 12a USUAL OCCUPAT | | Ib. KIND OF ENDUSTRY | BUSINESS OR |
| C 7 50 | be n | USU | AL RESIDENCE (IF NURSING HO | ME OR OTHER INSTITUTIO | N GIVE RESIDENCE BEI | FORE ADMISSION) | | 4 | | | |
| D P P | District. | 130. 5 | | OUNTY | 13c. CITY OR TO | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | 21231 | |
| sho fi | - je | 14 F A | Md. | | Balt | 0. | YES NO NO STATEMENT NA IDEN NA | 1105 Faye | otte St. | 21231 | |
| d lete | E S | | FIRST | MIDDLE | LAST | | FIRST | MIDDLE | | LAST | |
| De de de | ČŠ_ | _ | John | | Duff | | | | landshur | | |
| e execution of the second of t | medica | | VAS DECEASED EVER IN U.S | S. GIVE WAR OR DATES) | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT 3 | O17 ADDR | George | etown | Rd. |
| S. Po | O. | | | | | | Mr. Joseph I | Duff Balto. | . Md. | | |
| physics physics poper | vent, th | | 18 CAUSE OF DEATH (Ent.) PART I. DEATH WAS CA | er only one couse p NUSED BY: DIATE CAUSE (a)_ | er line far (0), (b), | ARNAC | MOST | | | BETWEEN ONS | SET AND DEATH |
| ding | atic e | | (MANA) | | OR AS A CONSE | OLIENCE OF | | | | | |
| leath tten tten | E | | Conditions, if ony, which | | 6 | FPATIC | FAILURE | | | 6 days | |
| by the a | other tra | | gave rise to immediat cause (a), stating th underlying cause las | DUE TO, | OR AS A CONSE | QUENCE OF | C Bladmy | | | 6 day | A. |
| equires the signed with please to burious to | | Z O | 0.0 | NO SIC | CONTRIBUTING 1 | O DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR COM | IDITION GIVEN I | N PART Ira | |
| he law re on. has been t permit. | 2 Sono | CERTIFICATION | 190 DATE OF OPERATION | | DITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | G CAUSES OF | S USED F DEATH? |
| SICIAN: T ng physici certificate urial-transi | 00 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C | F DEATH HOUR | OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c. HOW INJURY OCCUR | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART T | OR PART 2) | |
| PHY endi | р | MEDICAL | 216 INJURY OCCURRED | 21e PLAC | E OF INJURY STREET, FACTORY, OFFI | | 211 LOCATION STREET | CITY OR TO | DWN | COUNTY | STATE |
| DING or off After Se os th | nork | | 220.1 certify that (I) (this) | and the latest and and | the deserved for | AUC | 2/ 1006 | . AUE 23 | 10 4 | 6 " | . Independent |
| Z 2 2 2 1 | .5 | | saw the deceased aliv | A 9 | Y deceosed not | 10 | nd that in (my) (aur) apinian | death accurred on the d | ate and have and | Lizam the car | or I (we) lost |
| | E . | | above, (1) (we) (did) (d 22b, SIGNATURE | d nat) view the boo | ly olter death. | | | death decorred on the d | are and naor one | | |
| 0 0 0 0 0 | IT: If he | | 15 HLA | C MS | | 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | | 22c. DATE SK | SNED |
| TO HOSPITAL retained by the TO FUNERAL should be deto | MPORTANT | | 22d PHYSICIAN'S NAME (| IVER M | > | | 600 N.M | VOCPE St. | Balt. | Md a | 21205 |
| 5 5 5 3 | 5 | 23a E | URIAL, CREMATION, REMO | VAL 23b. DATE | 2: | C NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | UNTY | STATE |
| BP | | 13 | Removal. | 8-31- | -86 | | | | | | |
| DHMH - 16 60/ | 4 7/94 | 24 FI | INERAL DIRECTOR | | | | 25g DA | TE REC'D. BY REGISTRAR | 256 REGISTRAR | SSIGNATUR | E |
| (VRA 15, | | | | y Board | ADDRES | Balto | ., Md. SEF | 10 1986 | Julia Davi | don Par | dass |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

| 9283 | 1- | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. N | 0. | | | | |
|-------------------------|-------------|---|--|--|--|--|-----------------------|--------------------------------------|--|--|--|
| death | | EASED NAME FIRST OR PRINT) LOUI | WIDDLE | | LAST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR A | | |
| | | | | | DUNN | September | | 1986 | 9:57 N | | |
| 3 | 3 SEX | Female | Black | S. DATE (| 28-16 | 6. AGE (IN YEARS LAST BIR | THDAY) | MONTHS DAYS | IF UNDER 24 HRS | | |
| 25 | | OUNTRY) Maryland | 7b. CITIZEN OF WHAT COUN USA | MARRIE | D X NEVER MARRIED D | 9 BALTIMORE CITY O | MC | | | | |
| 18 | | Y OR TOWN OF DEATH Baltimore | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Maryland | STREET ADDRESS) | DR OTHER INSTITUTION l Hospital | 126 USUAL OCCUPATION OF TYPE OF WORK FOR MOST CO | | | F BUSINESS OR | | |
| 1 | lilo. S | L RESIDENCE (IF NURSING HOME OF TATE 13b COUN | OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR Balt | TOWN IMore | 13d INSIDECITY LIMITS? YES X NO | TIOO BOL | zip codi t o n | St. 21 | 202 | | |
| bo | II FA | N. Lee Jorda | MIDDLE LAS | 1 | 15. MOTHER'S MAIDEN NAM | la Marie | | LAS | л | | |
| medico | 16a W | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b SOCIAL | SECURITY NO. | Roscoe Du | oscoe Dunn 1100 Bolton S | | | | | |
| natic event, th | | PART I. DEATH WAS CAUSE | DUE TO OR AS A CONS | genic sl | | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH | | |
| ar other traum | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONS | SEQUENCE OF | farction | | | | | | |
| ınjury, | CATION | PART 2 OTHER SIGNIFICANT (| conditions <u>contributing</u> | G TO DEATH BUT | NOT RELATED TO THE TERMI | nal disease or con | DITION GIV | VEN IN PART TO | a | | |
| Z ows ony | TIFICAT | 19a DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTI | S, WERE FINDIN FYING CAUSES ES | NGS USED OF DEATH? | | |
| fem 18 sh | CAL CERTIFI | ?10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER | HOUR A.M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 | PART OR PART 2) | | | |
| rked ar | MEDICAL | WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O | FFICE FARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | | |
| of Healt | | 220 1 certify that (K (this haspi saw the deceased alive on above, (K (well (did) (abdunc | tol) attended the deceased f September 2 t) view the body after death | rom <u>Sept</u> 5 9 <u>86</u> ,₀ | cember 17 ₁₉ 86 and that in (my) (Xr) opinion d | to <u>Septen</u> leath occurred, an the d | nber 2 ote and had | 250 <u>86</u> , ur and from the | that X (we) last causes stated | | |
| ore Dept. | | Christop | la D. He | gen J. | ATTENDING PHYSICIAN | MEDICAL STA | FF . | The DATE | \$25 (9) | | |
| with the State | | Christoph | _ // | M.D. | | and General | Hosp | ital | | | |
| 9 | | urial, cremation, removal URIAL | 23b. DATE 9/29/86 | | ON PARK | 23d LOCATION CITY OR TOWN Baltin | | COUNTY MD | STATE | | |
| 16 60M 7/84 A 15, 4) | 24 FL | NERAL DIRECTOR L'EROY O. DY | ETT & SON 4º | | | REC D. BY REGISTRAR | 25b. REGIST | | URE Abidalle | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - 51 | OR ATE GISTRAR | DI | EPARTMENT OF H | OF MARYLAND EALTH AND MEN ICATE OF DEA | NTAL HYGIENE | 8 0 REG. NO. | 2 | 5 1 | û U |
|---------------------------------------|--|--|-------------------------|--|------------------------|--------------------------------|-----------------|---------------------|--------------------------------|
| DECEA | SED NAME FROM | M/DOLE | L | AST | 20. D | ATE OF DEATH M | ONTH DAY | YEAR | 26 HOUR |
| # 50 H | THOMA | S F. | DUI | NN | | | 9 11 | 86 | 1230 |
| 1 5EX | | 4. RACE | 5. DATE O | | | E (IN YEARS LAST BIRTH | | UNDER I YEAR | IF UNDER 4 HRS |
| | MALE | WHITE | момтн | 27 | 18 | 68 | YRS. | VINS DATS | HOURS MIN. |
| | PLACE ISLATE OF FOREIGN | TE CITIZEN OF WHAT COL | UNTRY? I. | NEVER MAR | Q RA | TIMORE CITY OR | | FDEATH | |
| Ma COUR | ryland | U.S.A. | WIDOWE | | | Baltimo | re Cit | -y | JW. |
| | OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME O | | ITION 12a U | SUAL OCCUPATIO | | | BUSINESS OR |
| P | altimore | (IF NOT IN SUCH FACILITY, GI | | | | of work for most of tuck Drive | | INDUSTRY Ceamste | ers Unio |
| USUAL R | ESIDENCE (F NUFSPICHOME O | OTHER INSTITUTION, GIVE RESIDEN | CEMPON ADMISSION) | | | | | | |
| Mary Mary | yland III cou | AND THE PERSON NAMED IN COLUMN TO A SECOND PORTION OF THE PERSON OF THE PERSON NAMED IN COLUMN T | timore | 13d. INSIDE CITY I | | REET ADDRESS / | | 2122 | 00 |
| | R'S NAME | Dar | CINCIC | 15. MOTHER'S MA | | o Lucia A | venue | 2122 | .9 |
| 200 | 1951 | MEDIE 1 | IAST | FIRST | T | MIDDLE | | Cooky | |
| 0 164 WAS | Thomas DECEASED EVER IN U.S. AF | MED FORCES? THE SOCIAL | Dunn AL SECURITY NO. | 17 INFORMANT | ldie | ADDRES | S | Seabi | ease |
| D 0 (11) | HO OF SHEHOWING TO ALL THE | VS WAR OR DATES! | | | 5 | 0 | | 21 220 | |
| C S S | CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE | | -05-2961_ | Irma E. | Dunn 62 | 8 Lucia A | ve. | 21229 | ATE INTERVAL NSET AND DEATH |
| NO O | DATE OF OPERATION | CONDITIONS CONTRIBUTE | vetive & | NOT RELATED TO | ED 20s | | 206. IF YES, V | VERE FINDING | OF DEATH? |
| 111446 | | | | 1 | | S NO | YES [| | NO 🗌 |
| 2 2 7 1 2 2 | E ACCIDENT WAS UNDERLYING [| | TH DAY YEAR | ZIE HOW INJUR | RY OCCURRED (| NTER NATURE OF INJURY | IN ITEM 18 PART | ORPART 2) | |
| | IF ETHER, NOTIFY MEDICAL EXAMPLE | | 19 | 111 1 0 0 1 1 1 0 1 1 | | | | | |
| | HALL D SCHWARD D | 21e PLACE OF INJURY (AT HOME STREET, FACTORS | | 211. LOCATION STREET | | CITY OR TOW | N | COUNTY | STATE |
| 20 0 0 10 | L certify that (I) (this hosp | ital) attended the deceased | from Sen | 7 4 | 19.86, 10 | Preser | . 19 | | hot (I) (we) la |
| 27.2 | saw the deceased alive at | | _19 8 60 an | d that in (my) (au | r) apinion death | accurred an the dat | e and haur a | nd from the c | auses stated |
| 211 77 | L SIGNATURE | NI VIEW HIS BOOK OTHER GEOTI | | DEGREE | 1 | | | 22c. DATES | IGNED |
| X0 = 4 | - Cong | er) | | ATTE | ENDING MEI | CTOR PHYSICIA | AND | 9/17 | 2/86 |
| 1532 | PHYSICIAN'S NAME CITYE | DR PRINTS | | 220. ADDRESS | | | | | |
| Novid be dem | Machinan | Norbert | ro M. (MI | 720 Ma | iden Cho | ice Lane, | CATO | usville | 2 Jud. 2 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Macht RAN | | | 720 Ma. | | LOCATION | | 1 | , Jud . 2 |
| 0 # 6 | Macht RAN | | 23c. NAME OF C | | matory 236 netery E | | C | Ma: | ryland |

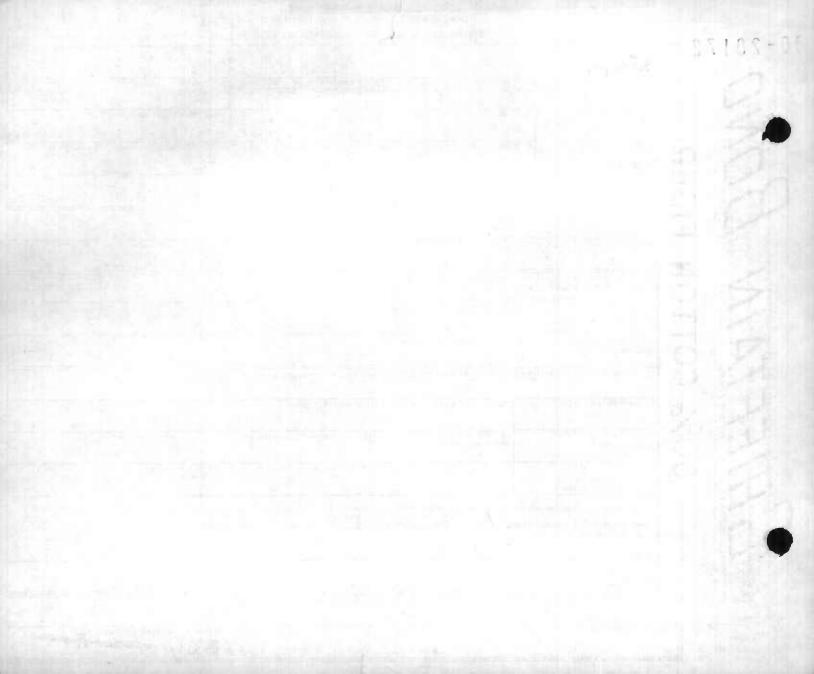
(VRA 15, 4)

STATE OF MARYLAND

35 100 m, 11 de 150, 10.

| | | | 1 | STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 5 1 0 2 |
|----------------------------|------------------|--|---------|---|
| 10- | 18 | 1.7 h | | REGISTRAR CERTIFICATE OF DEATH REG. NO.: |
| | . 0 | m.s. | | DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR PRE OR PRINT) |
| | 4 | 20 | | GEORGE Thomas DYSON SR. 9 15 1986 10 PM |
| | 1 | 4 | 1 | SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| | * | 900 | - | M B MONTH PAY 59 56 VRS. MONTHS DATS HOURS MIN. |
| - | 6 | 1/2 17 | 174 | BIRTHPLACE (STATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH |
| | 11 | 18 12 | 7 | MARRIED NEVER MARRIED BALTO CUTY MD. |
| | X | 7 19-6 | 10 | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION DELENATION |
| = 2 | 1 | 11/10 | 2 | SALTIMORE UNIVERSITY OF MD. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MEQT CUTTER |
| 1130 | | 15 | U | |
| 9 | 7 | 112 | | UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 INSIDE CITY LIMITS? 132 STREET ADDRESS / ZIP CODE APT. 705 2120 134 INSIDE CITY LIMITS? 135 STREET ADDRESS / ZIP CODE APT. 705 2120 136 COUNTY 137 INSIDE CITY LIMITS? 137 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE APT. 705 2120 137 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE APT. 705 2120 137 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE APT. 705 2120 137 INSIDE CITY LIMITS? 138 INSIDE CITY LIMITS? |
| LA | 1 | 24 1 | | FATHER'S NAME IS. MOTHER'S MAIDEN NAME |
| AR | 1 | 1 8 B | 3 | FIRST MIDDLE LAST A FIRST MIDDLE LAST |
| × × | + | £ - | 16 | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SHOOL TO ADDRESS SHOULD SHOULD SHOUL TO ADDRESS SHOOL TO ADDRESS SHOOL TO ADDRESS SHOOL TO |
| OR | × | Poges media | 1 | (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) |
| BALTIMOR | pe | 0 % 0/ | - | ND 213282066 Gregory Dyson 755 west Lexington |
| BAI | cote | hysici poper ovol. nt, th | | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. |
| ST., | Ť. | on em | | IMMEDIATE CAUSE (0) CARDIO PULMONARY ARREST IMMEDIATE |
| NO NO | £ | corb or or or | | DUE TO, OR AS A CONSEQUENCE OF |
| PRESTON | deoth | otion, | | Conditions, if ony, which (b) SEVERE COPD |
| | ÷ Pe | | | gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF |
| 3 | thos | d by the feose rer iol, crem or other | | underlying couse lost. (C) SEVERE CONCESTIVE HEART FAILURE |
| , 201 | es S | gned purition ry, o | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 |
| SO. | o ba | The The | _ 6 | |
| DIVISION OF VITAL RECORDS, | 3 | prior | | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| AL R | on. | nsit pe | / | YES NO YES NO |
| ZI V | N: T | SOIN | 5 8 | 216. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR |
| Ö | ICIA 9 Ph | riol-tron entol Hy ltem-18: | 3 | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 |
| ON | PHYS | Sis Sis | Table 1 | 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OF TOWN COUNTY STATE |
| VIS | O b | After thise as the olth and marked a | 13 | WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| ā | Zo | OR: Aft | | 220.1 certify that (1) (this haspital) attended the deceased from 9/9, 1986, to 9/15, 1986, that (1) (we) last |
| the side | TEN | for us of He 21 is | | sow the deceased glive on |
| | OR Alle hosp | DIREC oched Dept. | | 22b. SIGNATURE 22c. DATE SIGNED |
| | the o | te Doct | | Willia (), /. Still ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 15/86 |
| | PITA | FUNERAL INITIAL BETTER INTERPRETATION OF TANTER INTERPRETATION OF TANTE | | 224 ADDRESS |
| | O HOS etoined | E S E S | | WILLIAM J.P. STILL U. of Md. 22 S. GREENE ST |
| | To Ja | O de y | 22 | BURIAL, CREMATION, REMOVAL 236. DAJE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION |
| | BP_ | | | SPECIFY) COUNTY AN STATE, |
| | BP_ | | | BURIAL 19/20/86 MOUNT CALVARY BAITIMORE MARY AT |
| | | - 16 60M 7/B4 | 1 | |
| | (V | RA 15, 4) | 4 |)M, O. March F/HINC. 1101 EAST North Ave. SEP 1 0 1986 |

| | 1 | | FOR | | | | | | ARYLAN | | | 6_ | 5) | Prop | 1 | n | 3 |
|---|---------------|----------------|--------------------------|--------------------------------------|------------------------------|--------------|-------------------|-------------|---------------|--------------|-----------------|----------------|---------------|--------------|----------|----------|-----------|
| 1 | | 1- | FOR STATE | | | | MENT OF | | | | 630 | O | 6 | 7 | 8 | ~ | 0 |
| 71-2017 | 72 | | REGISTRAR CEASED NAME | FIRST | ME | MIDDLE | EXAMIN | ER'S C | ERTIFIC | ATEO | | H | REG. NO. | | | | |
| 20 2011 | 4 | (TYP | E OR DRIVET | , | | WIDDLE | | | LAST | | 20. | DATE KN | IOWN X | монтн | DAY | YEAR | 26 HOUR |
| PLEASE ECTOR. FILES. | i l | | Soser | | | | | | Dyson | | | DEATH M | ATED [| 9 | 271 | 986 | M |
| 30.25 | 2 | 3 SEX | | 4. RACE | S. DATE OF BIRTH | YEAR | 6 AGE (IN YEA | | | FOURS I | | DATE | - D | MONTH | DAY | YEAR | 2d. HOUR |
| 2.20 E.K. | 5 | p | М | Black | 4 3 | 21 | 64 YR | MOITI | DATS | HOURS | MIN, IFK | DEAD | .0 | 9 | 27 | 986 | 3:07A |
| R Y RAL | 25 | 7a. BI | RTHPLACE (ST | ATE OR | 76. CITIZEN OF WI | | ITRY? | 8. MARRI | ED NEVI | FR MARRIE | FD X7 9. | BALTIMOR | RE CITY OR | COUNT | | | |
| NECESSARY, UNERAL DIR S FOR YOUNTS | | t | alto, | 1d. | US | A | | WIDOW | | DIVORCE | | Balt: | imore | Cit | V | | AAD |
| HE FILE | 110 | 10 CI | TY OR TOWN | OF DEATH | 11. NAME OF HOS | PITAL, NU | RSING HOME | OR OTH | ER INSTITUTI | ION | 12a. USUAI | OCCUPA1 | TION TTYPE C | | 12h KINI | OF BUS | |
| DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. AIN TO BE FILED, WITHIN 72 HOURS PAGE 5 AN W. DEFETON STREET | 10 | Ba | ltimore | | Marylan | d Gen | eral Ho | ospit | al | 8 | Por Mos | rter | S LIFE) | 100 | OR | NDUSTR | Y |
| N N N N N N N N N N N N N N N N N N N | 30 | USUA 13a. S | L RESIDENCE | IF IN NURSING HOME O | OR OTHER INSTITUTION, GI | E RESIDENCE | BEFORE ADMISSIO | N) | | | | | | | 1 1 - | - | 7 |
| 00 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 00 | 100. 5 | Ma. | 130, COUIS | | Ba | or town | | YES X | NO [| 13e STREET 2022 | Et.t.i | ing St | 1.4 | 12 | 11 | |
| | 0 | 14. FA | THER'S NAME | | | | | | 15. MOTHER | R'S MAIDE | N NAME | | | | - | | |
| F 65.53 | 00 | | Unknov | vn | MIDDLE | | LAST | | Un | knowr | 1 | MIDDI | .8 | | LA | \$7 | |
| 9 000 | 7 7 | 16a W | AS DECEASED | EVER IN U.S. AR | MED FORCES? | 16b. SOC | CIAL SECURITY | NO. | 17. INFORMA | | - | - | ADDRESS | | | | |
| S. AFTER DR.TH. III. GIVE PARES 1. 2. III. FOOK PROS. IV. OVER STORY PRO | 2/ | (46 | S, NO, OR UNKNO | (IF YES, GIVE | 2-1946 | 587 | 7-24723 | 5 | Arno | ald Ma | ance 2 | 022 F | tting | a St | | | |
| LIES AP WITH WITH PAG | 2 | | | | ly ane cause per line | | | | 711110 | 714 116 | ATTOC Z | .022 [| · CCTTIS | 3 50. | _ | ROXIMATE | INTERVAL |
| \$ QXQX9 | 4 | | PARTIDE | | D BY: TE CAUSE (a) Ar | | | ic c | ardio | 720011 | lar d | icona | | | BETWE | EN ONSET | AND DEATH |
| PRESTON TITHIN 24 H CIL IN TER VER ALON ANSTEREA | 5 × | | | IMMEDIA | | | SEQUENCE C | | aruio | vascu | iai u. | ISEase | = | | - | | |
| A NEW TEN | EW | | | s, if ony, which | | | | | | | | | | | | | |
| W.P. | % X | | | e ta immediate stating the under- | (b) | AS A CO. | ISEQUENCE C | | | | | | | | - | | |
| UTED UTED IN PERANGE | N, OR REMOVAL | y c | lying caus | | 00E 10, 0K | AS A CON | 42ECADEIACE C | r | | | | | | | | | |
| KDS, 201 W. PREST XECUTED WITHIN NG" IN PENCIL IN CAL EXAMINER BURIAL TRANSI | | | PART 2 OTHER SIG | NIFICANT CONDITIONS | (c) CONTRIBUTING TO OEATH | UT NOT BEL | TEO TO THE TEOM | NAL DIFFLE | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PI ROED TO THE CHIEF MEDICAL EXA PRES SHOULD BE USED AS A BURIAL- F DEPARTMENT OF HEATTH AND ME | E | Z | THE CHIER SIG | Can conomical | CONTRIBUTION TO OTATIF | OI NOI KELA | TIED TO THE TERM! | MAL UISEASE | OK CONDITION | GIVEN IN PAR | I I (a), | | | | | | |
| REC LD B PEN ME | 30, | CERTIFICATION | 19a. DATE OF | OPERATION | IIII CONDI | ION FOR | WHICH OPERA | TION W | A S DEDECIDA | AED2 | | | | | Tax | | |
| SHOULD SHOULD OND "PE OFF A CHIEF A CH | ¥7 | FIC | | | | | | | ASTERI OR | | | | | | | TOPSY? | |
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| 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METAS TATIV BREAST CARRINGMA | MATE INTERVAL ONSET AND DEATH |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF | |
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| BP SPECE BURIAL 9/8/86 ARLINGTON CEMETERY BALTIMORE M | ARY LAND |
| DHMH-16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR SOL LÉVINSON & BROS., INC. 60 10 REISTERSTOWN RD. BALTIMORE, MD 21215 25 DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATED ADDRESS ADDRE | |

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| 1 149 | | 18 CAUSE OF DEATH (Enter or | nly one cause per | line far (a), (b), an | d (c) · | 11. | 7 | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
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| spite Spite CTO CTO for of h | 15 | leceased olive or liwe) (did) (did no | | | , and that in | (my) our) apinion | death occurred an the d | ate and haur a | nd from the causes stated |
| DIRECTOR OF THE THEM | | SIGNATURE | . 1. | ^ | DE DE GREE | | | | 220 DATE SIGNED |
| | | MANNAND | DKY | MIT | M). | PHYSICIAN | POIRECTOR PHYSI | | 19/15/06 |
| - 0 111 0 10 | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e AE | DDRESS | | | |
| TO HOSP retained the TO FUNE should be with the S IMPORTA | 10 | KOMANOSI | Cy " | | U | upu mil | HOSP. | DEPT | of madd |
| of of show | 23a E | BURIAL, CREMATION, REMOVAL | . 235. DAJE | 23c 1 | NAME OF CEMETER | Y OR CREMATORY | 23d LOCATION | | |
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| CONTRACTOR OF THE PARTY OF THE | _ | JNERAL DIRECTOR | 1 | | | 250 DAT | E REC'D. BY REGISTRAR | 756 REGISTRA | R'S SIGNATURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 14 | min March | FIHIM | 11. 1101 G | 1st NORTH | AUC SFI | 1 8 1006 | Tieria Deu | idson-Abrocios |

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lagmars at and, Inc., 7702 Horard M. . .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) St. Clair September 22, Neal Edel 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH DAY White December 15,1903 Male BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 208 East Melrose Avenue Type of work for most of working life Watch Engineer B.G. &E. Baltimore 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 30 STREEL ADDRESS / ZIP CODE 208 E. Melrose Ave. 21212 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDIE Lillian Neal Ede1 Harry Turner 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 212-05-6127 L.H.Edel 208 E. Melrose Ave. 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH. Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a A CONSEQUENCE OF anomia Conditions, if onv. which gove rise to immediate cause (o), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STATE STREET WHILE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from , and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady ofter death 17 DATESIGNED ATTENDING V MEDICAL Stephen Laiken 6805 York Road 21212 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL CITY OR TOWN COUNTY Cremation 9-24-86 Greenmount Baltimore City Maryland 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

DHMH - 16 60M 7/B4 (VRA 15, 4)

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| 0 | MIN SEE BELLE | | death result | Mirom: m | Notwork. | COURSE X | 1. 4 | ccident/ | 0. 1 | uiciden S | Hom | con . | Undet | ermined o | nanner [| | | | |
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| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FTER DEATH, WITH THE STI BACTIWORE, MARYLAND, 2 | | EXAMINER'S (TYPE OR PRII | NAME NT) | Denni | is F. | Smyt | th, A | 4/b. | | ADDRESS | 111 | Penn | St., | Balt | 10., M | ID 2 | 1201 | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

Edmonds

WIDOWEDIX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Edmonds, Sr

5 DATE OF BIRTH

| | | | | | | |
|------------------------|----------|------|------|--------|----------|--------|
| REG. N | 10. | | | | | |
| 20. DATE OF DEATH | MONTH | DAY | | YEAR | 26 HOU | JR |
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| 6 AGE (IN YEARS LAST B | RTHDAY) | IF | UNDE | RIYEAR | IF UNDER | 24 HRS |
| 79 | YRS | MO | NIHS | DATS | HOURS | MIN. |
| 9 BALTIMORE CITY | OR COUNT | YO | F DE | ATH | | |
| Baltimore | city | | | | | M |
| 12a USUAL OCCUPA | | LIFE | | KIND O | FBUSINE | 55 OF |

4406 Norfolk Avenue Baltimore ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Md

black

USA

4 RACE

G.

7b. CITIZEN OF WHAT COUNTRY?

YES X NO [15. MOTHER'S MAIDEN NAME Maggie

1907

4406 Norfolk Avenue 21216 MIDDLE

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST

PART I, DEATH WAS CAUSED BY

II. CAUSE OF DEATH (Enter only one cours paymer for in), the

IMMEDIATE CAUSE II

Joseph

(STATE OR FOREIGN

16b SOCIAL SECURITY NO. 17 INFORMANT

Clorine Johnson 4241 Bonner Road

Hospital Worker

13e STREET ADDRESS / ZIP CODE

Conditions, if any, which gave rise to immediate couse tall stating the underlying couse lost

19a DATE OF OPERATION

- STATE

3. SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

male

Va

ID CITY OR TOWN OF DEATH

7a BIRTHPLACE

COUNTRY

4 FATHER'S NAME

Joseph

CERTIFICATION

MEDICAL

ă

Mental Hygi

00

5

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

| ?)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR |
|---|--|---------|-----------------------|

RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NOF

21s. PLACE OF INJURY 71d INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

23b DATE

9/30/86

211 LOCATION

COUNTY

256 REGISTRAR'S SIGNAT

YES [

| a | I cer | tify | thot | (I) (this | hospitol | otte | elu ne | pecylis | ed from |
|---|-------|------|------|-----------|----------|------|--------|---------|---------|
| | sow | the | dece | osed of | ive on_ | _/ | 1 | 6 | 19. |

and that in (my) (our) opinion death occurred on the date and hour and from the paint storye

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Burke

| THE PERSON AND THE | | |
|--------------------|--------|------|
| THE PROPERTY. | / // | |
| 174 SIGNATURE | Jello | |
| 77 11% | INVILA | -vur |
| 1/ /00 | 1 | / ** |
| | | |

NOT WHILE

DEGREE

ATTENDING N MEDICAL STAFF PHYSICIAN 22 ADDRESS

| 179 | SICIE | 101 |
|-----|-------|-----|
| 17/ | 20 | 06 |
| 1/2 | 14 | - |

NO F

STATE

230 BURIAL, CREMATION, REMOVAL | SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY King Memorial Park

CITY OF LOW! Randallstown

BP

DIVISION OF VITAL RECORDS.

24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue (VRA 15, 4)

DHMH - 16 60M 7/84

0

should be deta with the State [

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 0-18342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 9-16-8619 CHARLES **EDWARDS** 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 19 1928 57 DEAD 9-16-8619 0:428 black ∍ male b. CITIZEN OF WHAT COUNTRY? IN HISTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYL USA BALTIMORE CITY DIVORCED Sher infusivess Department CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Johns Hopkins Hospital BALTIMORE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3812 Forest Lane 21215 Md YES X BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Lucille Edwards 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 492-24-7073 Svlvia Edwards 4701 Mary Knoll Road Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A PEALTH CERTIFICATION USED / 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X ICATE, WRITING THE WAS FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE I THE STATE DEPARTMENT CAND, 21201 PRIOR TO BUR NO T 器 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2 X 22s. I certify that I taak charge of the remains described above, held an ond in my opinion death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-17-86 Assistant Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNT STATE Burial 9/22/86 Garrison Forest Vet Mills Owings 07/84 BP 25M 24 FUNERAL DIRECTOR 1256 REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** March Funeral Home West 4300 Wabash Avenue (VR A15 ME (S))

| | | 1. | FOR STATE REGISTRAR | | DEPARTM | ENT OF HEALT | MARYLAND H AND MENTA TE OF DEATH | | b b | 2 | 5 | 1 3 |
|--|--|---------------|---|---|-------------------------------|-----------------------|--|------------------------|-----------------------------------|---------------------------------|-----------------------|-----------------------|
| U U - | 1 2 0 3 3 | | CEASED NAME FIRST | MIDD | ιE | LAST | - ام ۱۰ | 20. DA | TE OF DEATH | | DAY YEAR | 2b HOUR |
| oy be | 9000 | | CHEST | | | ELDR | | | | | 1 86 | 4 A-M |
| JE 7 ab | moffer p | 3. SE. | Male | 4 RACE | | 5. DATE OF BIR | DAY YEAR | - d | 60 | YRS. | IF UNDER I YEAR | IF UNDER 24 HRS |
| Seath P | 1000 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WH. | at country? | MARRIED WIDOWED | NEVER MARRIED DIVORCED | | Balto | R COUNTY | OF DEATH | MD. |
| 10 2 | 149 | 10.C | TY OR TOWN OF DEATH | 11. NAME OF HOS | CILITY GIVE STREET A | | HER INSTITUTION | (TYPE O | UAL OCCUPATI F WORK FOR MOST O | | 125 KIND C NDUSTRY | OF BUSINESS OR |
| AND 212 | 75 | | AL RESIDENCE (IF NURSING HOME OR STATE) | | CIBR TOYN | 13d | INSIDE CITY LIMI | 175? 13e S TR | EET ADDRESS | Hit | ant | Street |
| MARYL | | E/ | THER'S NAME FIRST | MIDDLE | LAST | 15 ^ | OTHER'S MAIDE | NAME | WIDDIE | | LAS | 57 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN OF PHYSICIAN: The low requires that the death certificate be executed. | S. Poor | | VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES GIV | MED FORCES? 16b E WAR OR DATES) | SOCIAL SECUR | 17 NO. 17 1 2-40/8 | NFORMANT | ashal. | ADDRE | 55 8-28 | 300 N. | Eline |
| ST., BAL | g physica onpaper emovol. | | 18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) IMMEDIAT | y ane cause per line DBY: E CAUSE (a) | mass 1 | VE LT | : INTR | A CER | EBRAL | INFA | RCT C | |
| ESTON death ce | attending | | Conditions, if ony, which | DUE TO, OR AS | PUEL | MOUII | ٩ | | | | HERI | NIATION |
| 1 W. PR | by the ase remote, cremp of, cremp other tr | | gove rise to immediate couse IaI, stating the underlying cause last | DUE TO, OR AS | S A CONSEQUEN | NCE OF | | | | | | |
| RDS, 20 | n signed Then ple to burio injury, or | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONT | RIBUTING TO DE | ATH BUT NOT | RELATED TO THE | TERMINAL DI | SEASE OR CON | DITION GIV | EN IN PART 11 | a |
| NI RECO | has been prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITIO | N FOR WHICH C | PERATION WA | AS PERFORMED | 20a. YES | AUTOPSY? | 20b. IF YES IN CERTIF YES | , WERE FINDIE | NGS USED OF DEATH? |
| OF VITA | certificate horiol-transit pental Hygien Item 18 shave | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 111 | JURY MONTH DAY | YEAR | HOW INJURY O | CCURRED (EN | TER NATURE OF INJUR | TY IN ITEM 18 P | ART OR PART 2) | Terror! |
| IVISION G PHYSI | ottending er this ci s the bur ond Me | MEDICAL | 21d INJURY OCCURRED WHILE ON WHILE OF AT WORK | 21e PLACE OF | INJURY FACTORY OFFICE, FAI | 211 | LOCATION | ^ | CITY OR TO | NN / | COUNTY | STATE |
| - CA | TOR. Affor use of Health | | 226.1 certify that (I) this hospit saw the deceased office on above, (I) [we] (did) (did no | | 9/21/19 | 6 , and the | 8 5 , 19 at in (my) (6ur) of | to . | curred an the de | 9/2L ate and have | and from the | that (I) we last |
| AL OR A | the hospit AL DIRECTO etoched for ite Dept of T: If Item 2 | | 22b. SIGNATURE A.C. Chon | valit, p | n.D. | DEGR | ATTENDI PHYSICI | ING MEDI | CAL STAP | FIANT | me DATE | SIGNED 2186 |
| HOSPIT | etoined by th | | A.C. CHO | J VALIT | , m.b. | | ADDRESS VORTH | | PLES 0 | | HOS | Ρ, |
| 5 | 을 으로 \$ 호 BP | 23a E | URIAL, CREMATION, REMOVAL | 23b DATE | 23c N/ | AME OF CEMET | ERY OR CREMAT | ORY 23d | LOCATION CHY OF JOWN | 1. 1 | 20 UNITY | tustate |
| DH | MH - 16 60M 7/B4 (VRA 15, 4) | 24 FL | INERAL DIRECTOR | roll | 17/25h | Ino 1 | gre 25 | SFP2 | BY REGISTRAR | 7.0 8 | RAR'S SIGNAT | X 43 2 |

| 0.0 | 1000 | 1 | FOR | | | | E OF MARYLAND | ation. | | |
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| UU | -16920 | 1 | STATE REGISTRAR | | DEPART | | IEALTH AND MENTAL HYG | 0 0 | 2 5 | 1 1 4 |
| .01 | | 1. DE | CEASED NAME FIRST | | MIDDLE | | AST | REG. NO. | DAY YEAR | 2b HOUR |
| 1,5% | oy be loge 3 deoth | (TYP | OR PRINT) NICK | | | EL | KO | SEPTEMBER 1, | 1986 | 11:30 _M |
| 401 | pog pog | 3. SE | X | 4. RACE | | 5. DATE | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| , | ge 4 ector. rs aftr | 1 | Male | White | | Apri | 1 12°, 1919 EAR | 67 YRS. | MONTHS DAYS | HOURS MIN. |
| | Poor I dire | 70. B | IRTHPLACE (STATE OR FOREIGN | 7b. CITIZEN OF | WHAT COUNTRY? | 8 AAADDIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |
| | in 7 | | Pennsylvania | USA | | WIDOW | DIVORCED | BALTIMORE CI | TY | MD. |
| 120 | by the fu | | ALTIMORE | | HOSPITAL, NURSIN | | PITAL | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 12b. KIND O INDUSTRY | F BUSINESS OR |
| 1/6 | filled in ould be | 130 P | AL RESIDENCE (IF NURSING HOME OF STATE 1335. COUL | other institution VTY Omerset | I GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cairnbro | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP COD 36 Fourth St. | Cairne 1592 | |
| The same | Z Spec | PL F | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | |
| MA MA | ond long | 2 | Michael Elko | MIDDLE | LASI | | Nancy Have | erlak | LAS | |
| ORE / | nd co | | WAS DECEASED EVER IN U.S. AF | | 16b. SOCIAL SECU | | 17. INFORMANT | ADDRESS | | |
| BALTIMO | S. Po | | Yes no or unknown) (IF YES GI | II | 072-12-7 | 736 | Catherine Hel | an Elko Sa | ame | |
| BAL | ficote paper novol. ent, th | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one cause per | r line for (a), (b), on | d (c).) | | | | MATE INTERVAL ONSET AND DEATH |
| ST., | ng phys banpap remova | | IMMEDIATE CAUSE (0) KESPIRATORY TAICURE !5 MILLITES | | | | | | | |
| 10N | endii endii n, or matii | | Conditions, if ony, which (b) PUMENARY EMBELUS 12 HRS | | | | | | | |
| PRES | e offi may natio | | Conditions, if ony, which gove rise to immediate | (b) | | | EMBOU | 25 | 100 | ITK-3 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON | by the | | cause (a), stating the underlying cause lost. | DUE TO, O | R AS A CONSEQUE | | ANCER | | Mo | S |
| 201 | ned ned norial | 10 | PART 2. OTHER SIGNIFICANT | CONDITIONS C | | | | MINAL DISEASE OR CONDITION GI | VEN IN PART LO | 3' |
| RDS | n sig Ther r to b | NO. | NEPHROTIC | (| BROME | Λ | teroscieros | (14 - 40 | | |
| 0 | ow r | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | _ | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF YE | S, WERE FINDIN | GS USED |
| ALR | The cion. | RTIF | 8126 186 | _ | | JCER | | YES NO Y | ES 🗀 | NO 🗌 |
| FVI | Z Koo Loo | F 8 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | OF INJURY .M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) | |
| O Z | iySICIA ding ph ding ph is certif burial-th Mental | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | M. OF INJURY | 19 | 211 LOCATION | | | |
| 1510 | tend the b snd A | MEC | WHILE MOT WHILE | | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| No. | or o | | 220 I certify that (this hosp | ital) attended # | ne decented from | 6 | 25:86 19 | 1 9/1/86 | 10 | al Committee |
| | TEN Ortol TOR Or us | 10 | sow the deceased alive or | 9 | 1./ | 0. | , , , | death accurred on the date and ho | ur and from the | couses stated |
| | hosp hed hed tept. ept. e | | 22b. SIGNATUI | it) view the body | affer death. | | DEGREE | | 22c. DATE | SIGNED |
| | AL O The control of the D | | 1280/10 | 25 | (Bialo | M | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 91 | 1/86 |
| | Spiral by Spiral | 1 | 22d PHYSICIAN S AME (TYPE | OR PRINT) | _ | | 22e ADDRESS | | | |
| | T PO T | | | HSH | cc . | | 1111 | | | |
| 000 | 7099 | 23a. | BURIAL, CREMATION, REMOVAL | | 23£ | IAME PE E | EMETERY OF CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| 777 | BP / | | Burial | Sept. | 6,1986 Or | thodo | x Greek-Catho | olic Central City | | |
| | DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | | | 6500 | York Rd . 250 DAI | E REC'D. BY REGISTRAR 256. REGIS | | |
| | (VRA 15, 4) | 111 | tchell-Wiedefe | La Home, | Inc. Ba. | Lto., | Md.21212 | SEP 3 1986 | | 100 |

| PRINCION OF VITAL DECODED AND AN EDECTOR OF DAILINGOR MADOVIAND 2 DAIL |) |
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| OVISION OF THE RECORDS, TO W. TRESTON ST., BALLIMORE, MANIFESTOR S. | 0 |
| 5 | - |
| ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours into continuous 4 may be | 1 |
| ospiral or attending physician. | 9 |
| ECTOR: After this certificate has been signed by the attending physician and completely filled in the formula in ector, page 3 |) |
| ed for use as the burial-transit permit. Then please remove carbanpapers. Pages (1 agg. 2 should be thed within 72 hours after death | 1 |
| of Health and Mental Hydiene prior to burial premotion or removed | |

|)-1! | 9198 | 1- | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GIENE 8 6 | 2 | 5 | 1 5 |
|-------------------------|--|---------------|--|-------------------|---|-----------|---|---------------------------------|-------------------|---------------|---------------|
| y be | death | | CEASED NAME FIRST (CORPRINT) Elizabeth | | MIDDLE | | iott | 20 DATE OF DEATH September | | Y YEAR | 26 HOUR |
| 4 mo | offer o | 3. SE | х | 4 RACE | | 5. DATE C | DE BIRTH YEAR | 6 AGE (IN YEARS LAST BI | RTHDAY) II | UNDERTYEAR | HOURS MIN |
| a Bar | all red | | Female IRTHPLACE (STATE OR FOREIGN | White | WHAT COUNTRY? | 8 | r.01, 1927 | 9 BALTIMORE CITY | YRS. | OF DEATH | |
| 1 | 35 | (| country) aryland | USA | | MARRIE | D NEVER MARRIED DIVORCED | Balto. (| | | MD. |
| 01 | 24 2 | | ITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | ION | 126. KIND O | F BUSINESS OR |
| 1 | an alo | - | altimore | 3740 C | hestnut A | venue | | Homemaker | | 1140031K1 | 1 |
| 4 ho | ld be | 13a S | AL RESIDENCE (IF NURSING HOME O STATE 13b COU | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | 210 | 211 |
| hin 2 | g 2 should a spirite manner on | 14 F 4 | d Bal | to. Cit | y Baltimo | re | YES NO S | 3740 Ches | stnut A | venue | |
| * | 0.5 | 100 | ee Roy Miller | WIDDLE | LAST | | FIRST | MIDDLE | | LAS | T |
| ecute | | 16a V | WAS DECEASED EVER IN U.S. AL | | 166 SOCIAL SECU | RITY NO. | Helen Bla | RADPE | imore | M | d 21206 |
| e ex | Pages . | | YES NO OR UNKNOWN) {IF YES, GI | IVE WAR OR DATES) | 214-20- | 4538 | Mr. Kenneth | | 003 Fra | | |
| ures that the death | igned by the attendence of please remove continuity, ar attentation, ar attention of the traumal | 7 | Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT | (b) | ONTRIBUTING TO I | NCE OF | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | NDITION GIVE | N IN PART 1:0 | 3 |
| ne law requ | te has been sur usit permit. The rgiene priar ta shaws any inju | CERTIFICATION | 19a DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDIN | |
| PHYSICIAN: TI | this certificate burial transit and Mental Hygis d or Item 18 sh | MEDICAL CER | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | ATH HOUR A | OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F | 19 | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | | COUNTY | STATE |
| ATTENDING spital or off | CTOR: After of Health or of Health or n 21 is marke | | WHIE NOT WHIE 22a. I certify that (I) (the base sow the deceased alive a abave, (I) (we) (did) (did n | - Se | 19_ | | nd that in (my) (papinion | , ta death accurred an the a | cpt , I | and from the | |
| TAL OR | NERAL DIRECT DE detoched e Stote Dept TANT: If Item | | 22d. PHYSICIAN'S NAME (TYPE | lyon | | | ATTENDING PHYSICIAN (| MEDICAL STA | AFF CIAN [] | MA 212 | |
| O HOSP etained | should be detained the store with the Store IMPORTANT: | | Dr. Myo T | hant | 122 | | | lin Square | Balto. Drive S | uite 3 | 05 |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

BURIAL

09/23/86 New Cathedral Cemetery Baltimore, Maryland

Purice Henss Funeral Home, P.A. Baltimore 2121 SEP 25 1986

Parmine Statement Name 19, 1927 1928 8:00.20
Female Statement Water 1927 1927 1928 8:00.20
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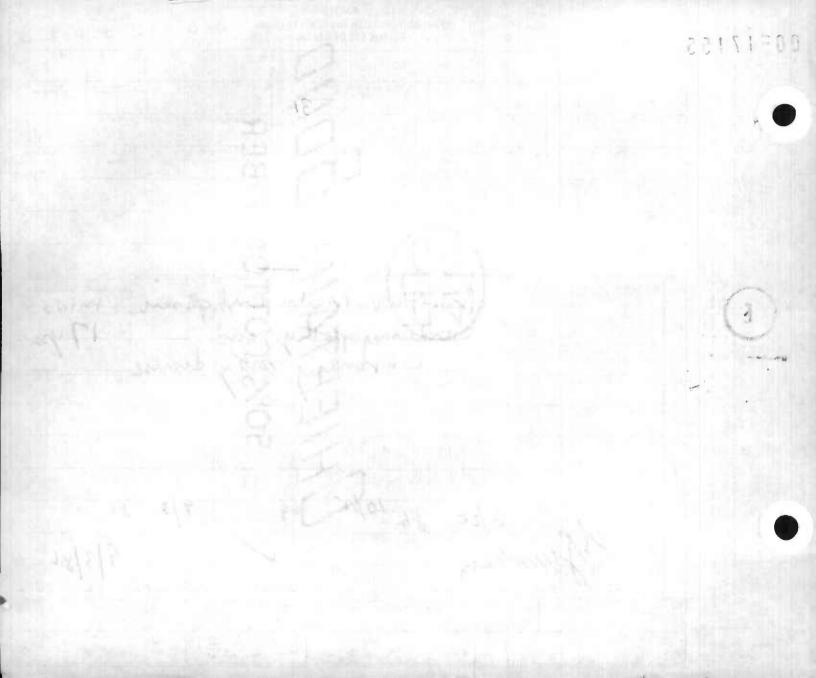
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but . - ort inter volument Batters. Md.

Leonard J. Quok, Inc. 5305 Handard Md. 21214

-08 .R to w- .-

| 00- | 19159 | 1- | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 5 1 1 / CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|--------------|---|---------------|---|--|--|----------------|--------------------------|------------|--|----------------|-------------|--------------------|--|
| | | | CEASED NAME FIRST | | AIDDLE | L | AST | 2a D | | AONTH DAY | YEAR | 2h HOUR | |
| 9 | poge 3 | (TYPE | Ernest | : He | enry | EMI | RICH | 183 | 9-20 | -86 | | 247 B | |
| Moy | ode | 3. SE | | 4. RACE | in I | 5. DATE O | F BIRTH | | GE (IN YEARS LAST BIRTH | IDAY) IF L | NDER 1 YEAR | | |
| 3e 4 | ectar. | | Male | .Whi | te_ | June | | | 75 | YRS. | THS DAYS | HOURS MIN. | |
| 2 8 | 1101 | 7a. B | RTHPLACE (STATE OF FOREIGN | | WHAT COUNTRY | ? 8. MADDIE | NEVER MARRIED | 9. BA | LTIMORE CITY OR | | DEATH | | |
| leath | 100 | | aryland | USA | 4 | WIDOWE | | | 0177 | | | MD. | |
| s after a | 18 | 1. | BALTMORE | (IF NOT IN SUC | HOSPITAL, NURSI H FACILITY, GIVE STREE PROSITY | T ADDRESS) | ROTHER INSTITUTION | (TYPE | USUAL OCCUPATION OF WORK FOR MOST OF Baker | WORKING LIFE) | INDUSTRY | of Business or | |
| n 24 hour | 118 | 13e. 3 | | ROTHER INSTITUTION, | GIVE RESIDENCE BEFO 131. CITY OR TOV Balto.H. | RE ADMISSION) | | 28 | TREET ADDRESS / | ZIP CODE | nue,2 | 21227 | |
| with: | d 2 s | 145F | ATHER'S NAME FIRST | MEDDLE . | LAST | | 15 MOTHER'S MAIDEN | | " "NOLE | 9. | LĄ | ST | |
| uted | on pland | / | George. | CLUS CH | Emrich | | Elizab | oeth | ADDRES | • | Smi | th | |
| exec | Pages Pages | /1 | | IVE WAR OR DATES) | 166 SOCIAL SEC | | Maria W. H | Emri ch | | | Δικον | 1110 | |
| 9 | 0 % | N | | | 215-09- | | Maria W. 1 | Little ICI | 1, 2033 10 | 1116336 | | XIMATE INTERVAL | |
| ficate | physic n pape mavol vent, t | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | | | | n From o | ans Ash | 11 1100 A A | y Byp | | ONSET AND DEATH | |
| Cert. | Do Do | | IMMEDIA | | | | to their c | 7003/01 | or news je |) 1591 | 477 | | |
| deoth | nove cor ation, or fraumot | | Conditions, if any, which | | ORONARY | ARYER | 321221A E | | | | | | |
| the d | a a a | 13 | gave rise to immediate cause (a), stating the | DUE TO, OI | R AS A CONSEQU | JENCE OF | | | _ | | | | |
| h | lease ial, cr | | underlying cause last. | | | | HTPUT | | | | | | |
| 5 5 | signe hen pl ta bur iury, a | z | PART 2. OTHER SIGNIFICANT | CONDITIONS <u>CC</u> | INTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | TERMINAL | DISEASE OR COND | ITION GIVEN | IN PART 1 | (0) | |
| ē. | or T | AT 10 | 19a DATE OF OPERATION | 19h COND | TION FOR WHICH | H OPERATIO | N WAS PERFORMED | 1 20 | a AUTOPSY? | 20b. IF YES, V | /ERE FINDI | INGS LISED | |
| e lav | ws or | FIC | 9-20-86 | | | ARTER | | | S NOFT | JH CERTIFYIN | G CAUSES | S OF DEATH? | |
| Z Th | s certificate burial-transit Mentol Hygie or Hem 18 sho | CERTIFICATION | 210 ACCIDENT WAS UNDERLYING | | F INJURY | DAY YEAR | 21¢ HOW INJURY OC | _ | | | | | |
| ICIA 9 ph | certificate rial-transi entol Hygi frem 18 sh | CAL | OR CONTRIBUTING CAUSE OF DE | AIH. | | 19 | | | | | | | |
| PHYS | this of we but | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | FARM, ETC) | 211 LOCATION STREET | 39.4 | CITY OR TOW | /N | COUNTY | STATE | |
| O to | orke | 1 | AT WORK NOT WHILE AT WORK | | | | | | | . / | | | |
| END olo | OR: Afternoon use as of Heolth | | 22a.1 certify that (I) (this hasp saw the deceased alive o | 0 - | | | d that in (my) (our) opi | nion death | o 9-20-8 | . 17. | | that (I) (we) lost | |
| ATTA | DIRECTO sched for Dept of f them 2 | | above, (I) (we) (did) (did n | at) view the body | ofter death. | | DEGREE | THION GEOM | occurred on the do | e ona nour or | | E SIGNED | |
| the h | _ + e = | 8 | Polity 6 | Caled | Keun | 4 | ATTENDIN PHYSICIA | NG ME | DICAL STAF | | 9- | 70-86 | |
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| of of of | O of a M | 23a. l | BURIAL, CREMATION, REMOVA | | | | EMETERY OR CREMATO | | d LOCATION | | 0 | | |
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| DHMH | H - 16 60M 7/B4 | | UNERAL DIRECTOR | | ADDRESS | | 21229 250 | DATE REC | D. BY REGISTRAR | The REGISTRA | R'S SIGN | URF | |
| | V/DA 15 4) | Hi: | bhard Funeral | Home. In | C.4107 | Wilke | ns Ave. S | SEP 2 | 1 10RR \$ | THE WAR | | | |



| 11- | 1861 | 7 n | 1 - | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | | | | | | | 5 | 1 1 9 |
|--------------------------|--|-----------|---------------|--|---------------|--|-----------------------|--------------------------------|------------|--------------------|-------------------------|-------------------|-------------------|----------------------|
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| .8 | # # B | | TYPE | OR PRINT) | WALTE | R | A. | E | RDMAN | | | 9 | 15 86 | 1205 PM |
| AGIII | 0 20 | 20 | 3 SE) | | | 4 RACE | | 5. DATE | OF BIRTH | | 6. AGE (IN YEARS LAST | | IF UNDER 1 YEAR | |
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| 1 | 11 | 2// | | TY OR TOWN OF DE | ATH | | | URSING HOME STREET ADDRESS) | | INSTITUTION | 12a USUAL OCCUPA | OF WORKING LIF | E) INDUSTRY | OF BUSINESS OR |
| 201 | 64 | 80 | 100 | ALTIMORE | | | | HOSPIT | | Division. | Policeman | <u>.</u> | Balti | more City |
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| AYL # | 422 | mine (| 4 FA | THER'S NAME FIRST | A | MIDDLE | LAS | 51 | 15. MOTH | HER'S MAIDEN NA | ME | | L. | AST |
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| 3 / | 100 | # '# | | 18 CAUSE OF DEA | TH (Enter an) | ly ane cause per DBY: | line far (a), (| b), and (c).) | 01 | 11 1 | | | | NONSET AND DEATH |
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| AL REC | bos be | no swot | CERTIFICATION | 190 DATE OF OPER | ATION ATION | 196 COND | ITION FOR V | VHICH OPERATI | 36.11 | | YES NO | IN CERTIF | s T | NO V |
| DF VIT | physic of these full Hyg | 100 | 0.521 | 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEI | SAUSE DE A | TH HOUR A. | | H DAY YEA | 3 | w injury occur | RED (ENTER NATURE OF IN | JURY IN ITEM 18 F | PART I OR PART 2) | |
| DIVISION OF VITAL RECORD | Hending the burn | ed or the | MEDICAL | 21d INJURY OCCU | RRED. | 21e. PLACE | OF INJURY | DFFICE, FARM, ETC) | 21f LOC | ATION | CITY OR | TOWN | COUNTY | STATE |
| a a | 日本 日本日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日 | work. | | 220.1 certify that (| ORK / Z | (al) attended th | e deceased | fram Avav | + 4 | 10 86 | in Septem | ber 15 | 10 86 | , that (I) (we) last |
| 7 | 1000 1000 1400 1400 1400 1400 1400 1400 | 21.6 | | saw the decea abave,((1)(we) | ised alive an | Potembe | after death. | 0. 1 | | (my) (aur) apinian | death accurred an the | | | |
| | the ho | If her | | 22b. SIGNATURE | | unil C | RP. | 11 | DEGREE | ATTENDING | MEDICAL ST | AFF | 22c. DAT | E SIGNED |
| <u></u> | by VER, oe de | N N | | 22d. PHYSICIAN'S N | NAME (TYPE OF | R PRINT) | · | gr) | 22e ADD | | DIRECTOR PHYS | ICIAN [] | | 11) 106 |
| H | TO FUNERA shauld be d with the Sta | APORT | | | DA | VID A. | BLASI | | 90 | O S. CAT | ON AVE., B | ALTO. M | D. 212 | 229 |
| 1 | ₽ ► 3 | 4 | | URIAL, CREMATION | , REMOVAL | 236 DATE | | | | OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| | BP | _ | | Burial | | 9/19 | | | | Cemeter | | | ν. | Maryland |
| DH | HMH - 16 60M (VRA 15, 4 | | 16 | roymeM. & | Russel | e C. Wi | tzkent | uneral | Homes | 28 A 250 DA | P181986 | RI256 REGIST | RAR'S SIGNA | TURE |

STATE OF MARYLAND

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| 00-1 | 9273 | 3 1 | FOR STATE REGISTRAR | | CERTIF | EALTH AND MENTAL HY ICATE OF DEATH | REG. NO | | 20 |
| · · | m £ | | ECEASED NAME FIRST | MIDDLE | , | AST / | 20. DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| d y | page 3 | 1 | Fladys | P | Esca | rpenter | | 72386 | 715 RM |
| ge 4 | ors ofter | 3. 5 | Female | Whit & | 3. DATE O | DAY YEAR O'S | 6. AGE TIN YEARS LAST BIR | MONTHS DAYS | HOURS MIN. |
| The state of | in 72 ho | 70. | Mary Land | U.S.A. | MARRIE WIDOWE | DINEVER MARRIED DINORCED | Baltimore Cityo | rcounty of death City | M |
| 2 offer | by the fu | | CITY OR TOWN OF DEATH Baltimore | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH EXCILITY, GIVE \$ 2. Agne | STREET ADDRESS) | R OTHER INSTITUTION | 12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O ASSEMBLY | F WORKING LIFE) INDUSTRY | OF BUSINESS OR |
| in 24 hou | should be | 130 | JAL RESIDENCE OF NURSING HOME OF STATE 136 COUL | NTY Balti | R TOWN MOTE | 13d. INSIDE CITY LIMITS? | | zip CODE ns Avenue 2: | 1223 |
| led with | and 2 s | | Thomas | Py1 | e e | Sally | Frances Frances | DeLev | ëtte |
| e execo | Poges | 160 | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI | MED FORCES? 166 SOCIAL 2161 | SECURITY NO. 04488 | James D. El 2666 Wilkens | lis, Sr. ADDRE S Avenue. Ba | | . 21223 |
| rificate | physicio anpapers emaval. event, the | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA) | rily one couse per line for (a), (iii) BY: TE CAUSE (a) | | ebral he | more has | APPRO- BETWEEN | NIMATE INTERVAL |
| th ce | corbo corbo , or re | | | DUE TO, OR AS A CON | | | / | | 0 |
| hat the dec | by the atter ase remave I, crematian, other traum | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONS | SEOUENCE OF | | | | |
| quires # | hen pler to buria njury, ar | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | G TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN PART 1 | (0) |
| he law re | has been permit. I bermit. I ene prior aws any is | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR W | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES | INGS USED S OF DEATH? |
| ICIAN: T | certificate prial-transi ental Hygi tem 18 sh | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | H DAY YEAR | 21t. HOW INJURY OCCUI | | | |
| d PHYS | ter this o | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O | | 2H LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| TTENDIN prital og | far use of Health | | 22a I certify that (I) (this hasp saw the deceased alive on above, (I) (we) (did) (did no | - / | | d that in (my) (our) opinion | , , , | 19 8 6 te and hour and from the | that (I) (we) last couses stated |
| | DiREC ached Dept. If Item | | 27b. SIGNATURE | | 24. | DEGREE ATTENDING | MEDICAL STAF | / | SIGNED |
| HOSPITAL | TO FUNERAL DII should be detach with the State De IMPORTANT: If H | + | 22d. PHYSICIAN'S NAME (TYPE C | OR PRES | m. | PHYSICIAN 22e. ADDRESS | DIRECTOR PHYSIC | IAN 2 9/2 | 23/86 |
| | should with the | 23- | BURIAL, CREMATION, REMOVAL | nes, MW | 7 | St. Agne | Itasp. 1 | Balt Mr. | 2 |
| BP | | 130 | (SPECIFY Cremation | 9-25-86 | | emetery or crematory ount Cremator | CITY OF LOWN | e Baltimore | e Md. |
| | 16 60M 7/84 | 24 | INPRALDIRECTOR Matthews, | | | 25a DA | TE REC'D. BY REGISTRAR | 75h REGISTRAR'S SIGNA | TURE |
| | A 15. 4) | 1 | 3021 Hastern As | Raltimore | MA 21 | 22/1 SF | P 2 0 1000 | " in Maridour-1 | Superior |

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| tor, page 3 offer death | 3. SEX | Male | 4. RACE Black | 5 DATE C | | YEAR | 6. AGE (IN YEARS LAST | N | | UNDER 24 HRS |
| sth. Pageral directory | 7a. BIRTHPI | | 76. CITIZEN OF WHAT COUR | MARRIE | NEVER MA | | 9. BALTIMORE CITY | - | OF DEATH | |
| ed at | 10 CITY OF | R TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | | UTION | 120 USUAL OCCUP | | 126. KIND OF E | MD. BUSINESS OR |
| offe offe | Ba | /timore | (IF NOT IN SUCH FACILITY, GIM | | | Acceptance | (TYPE OF WORK FOR MOS | ST OF WORKING LIFE | PlotKin | Tire |
| MARYLAND 2120' ed within 24 in mplete receive by obd 2. Ind Deville examin Divise in | 130 STATE | mn 136 COUN | OTHER INSTITUTION, GIVE RESIDENCE ITY OF | BEFORE ADMISSION | | 10 🗆 | 13e STREET ADDRES | S/ZIP CODE Oakler | , Ave. | 21215 |
| JARYL d with d 2 d 2 | 14 FATHER | | MIDDLE LA | SI d'a | 15 MOTHER'S A | MAIDEN NAM | MIDDLE | | EINV | 15 |
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| BALTIMORE, cate be execut system and capers. Pages of the medical strategies in the medical strategies. | | OR UNKNOWN) (IF YES, GIV | VIII 240- | 12-0774 | Susan | Evar | is 2 | 2908 | Oakley | Ave |
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| W. PRESTON ST oot the death cert by the attending I se remave carban , cremation, at ret ather traumotic ev | gov | nditions, if ony, which we rise to immediate se (0), stating the lerlying couse lost | DUE TO, OR AS A CON | | la T | in fave | + | | | |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The low requires th cattending physician. When this certificate has been signed it as the buriok-transit permit. Then plea th and Mental Hygiene prior to burial arked or them 18 shows any injury, or a | | 12 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTION Shock | | NOT RELATED TO | O THE TERMIN | NAL DISEASE OR CO | ONDITION GIV | EN IN PART Ha | |
| L RECO | CERTIFICATION 180 D | ATE OF OPERATION | 196 CONDITION FOR V | VHICH OPERATIO | N WAS PERFORM | MED | YES NO | IN CERTIF | , WERE FINDING YING CAUSES O S | |
| A OF VITA SICIAN. The physicic certificate riciol-tronsite entel Hygin term 18 sh | - ORC | ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEA | HOUR A.M. MONT | H DAY YEAR | 21c. HOW INJU | URY OCCURRE | ED (ENTER NATURE OF II | NJURY IN STEM TB P | ART (OR PART ?) | |
| PHYSIC strains on this ce the buriand and Men | Z 21d | | 21e PLACE OF INJURY | | 211 LOCATION | | CITY OF | TOWN | COUNTY | STATE |
| DING or o or o see os eoth | 22 a | ORA AI WORK | tal) ottended the deceased | from 9 | / | 19_86 | _, to9/ | 7 | 19 <u>86</u> , the | ot (I) (we) lost |
| ATTEN CTOR I for u | | | t) view the body after death. | | | our) opinion de | eoth occurred on the | dote and hour | - | |
| AL OR AT OR AT LOREC detoched its EDEPT. | 77h. | Gentlen | Alesela- | Teckh | MD ATT | TENDING TYSICIAN | MEDICAL S' | TAFF | 9/7 | 186 |
| TO HOSPITAL reformed by th TO FUNERAL should be deter with the Store | 22d. | PHYSICIAN'S NAME (TYPE O | oda-Terk | Ir | 22e ADDRESS | lontai | igno Cou | rt | | |
| or or show W. W. Show Show Show Show Show Show Show Show | 230 BURIA | L, CREMATION, REMOVAL | 23b. DATE | | EMETERY OR CR | | 23d LOCATION CITY OR TOWN | | COUNTY | SIAIF |
| BP | | Burial | 9/10/86 | Garrison | Forest Ve | t | Owings | Mills | | °Ma |
| DHMH - 16 60M 7/B4 | | ALDIRECTOR TO Funeral Home | West, 4300 Wabas | h Avenue | | ZSO DASE | EP 9 REGISTS | BB REGISTI | LUCUS SIGNATUR | Handelle |

| 0.0 | | | FOR | A | D | EPARTMEN | | MARYLAND H AND MENTAL | HYGIENE | 6 | 2 5 | 1 2 | 2 2 |
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| 00- | 19032 | | STATE REGISTRAR | | MED | ICAL EX | AMINER'S | CERTIFICATE | OF DEATH | REG. N | 10 | i for | a Gosp |
| | | 1 DE | CEASED NAME E OR PRINT) | FIRST | | WIDDIE | 2021 | LAST | 20 D | OF ESTI- | | DAY YEAR | 2b. HOUR |
| | ASE OR. URS EET, | | | Jame | | Ξ. | | Everett | | EATH MATED [| 9 | 21 1986 | |
| | ARY, PLEASE DIRECTOR. OUR FILES. J 72 HOURS ON STREET, | 3 SEX | | ack | 5. DATE OF BIRTH MONTH DAY 6/20/25 | YEAR L | GE (IN YEARS IF U | | MIN. PRO | DATE NOUNCED DEAD | MONTH | 21 1986 | R.OAD |
| | SECTION. | 70 B1 | RTHPLACE (STATE OR | | 76. CITIZEN OF WH. | AT COUNTRY? | 8. MAR | RIED NEVER MA | RRIED 7 9. BA | ALTIMORE CITY | OR COUNT | | 7.0 |
| | 出るのを | 10 | N.C. | | USA | | WIDO | | | Baltimor | e City | V | MD. |
| K | 10 | X | ry OR TOWN OF DE | ATH | II. NAME OF HOSP (IF NOT IN SUCH FAC Univers | ILITY, GIVE STREET | ADDRESS) | HER INSTITUTION | 120 USUAL C | OCCUPATION (TY OF WORKING LIFE) OF EMAN | PE OF WORK | OR INDUS | |
| 21201 | | USUA Ida S | L RESIDENCE (IF IN NI | 136 COUNT | ROTHER INSTITUTION, GIVE | 13c CITY OR 1 Balti | RE ADMISSION) | 134 INSIDE CITY LIMITS | | ortland | S+ C | 21230 | |
| | S 1, 2, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, | _ | THER'S NAME FIRST | | MIDDLE | LAST | 2015 | 15. MOTHER'S MA | IDEN NAME | WIDDLE | | LAST | |
| ORE | 803 6 | 160 V | Tom VAS DECEASED EVER | RINIUS ARM | | rett | SECURITY NO. | Essie | | ADDRES | rett | | |
| BALTIMORE, MD. | URS AFTER 8. GIVE P WITH FO T. PAGES DIVISION | (Y | W.W. 2 | (IF YES, GIVE V | PS | 227-32 | | | verett 7 | 09 Port | | St. 212 | 30 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I | 12. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR: E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W APOGE 3 SHOULD BE USED AS A BURIAL - REANISI PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | 7 | Conditions, if gave* rise to couse (a) statin | IMMEDIAT any, which immediate g the under- | DIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular (b) DUE TO, OR AS A CONSEQUENCE OF (b) (b) | | | | | | | | ATE INTERVAL SET AND DEATH |
| EC . | ASEALT CRE | ō | 190 DATE OF OPER | ATION | | | nellitus | WAS PERFORMED? | | | | 120 AUTOPS | |
| VITAL | SHOULD ORD "PE CHIEF N E USED A T OF HE | CERTIFICATION | | | | | CH OPERATION | WASPERFORMED | | | | YES | |
| NON | FICATE WOOLD THE | AL CE | 210. EXTERNAL CALL UNDERLYING CONTRIBUTING | OR | | MONTH DAY | Y YEAR 21c. 1 | HOW INJURY OCCUR | RED (ENTERNATUR | E OF INJURY IN ITEM 18 | BPART I OR PAR | RT 2} | 6 |
| DIVISIO | WRITING I WARDED TO PAGE 3 SHO TATE DEPAR | MEDICAL | 21d. INJURY OCCUR WHILE NOT AT WORK AT V | RED | 21e PLACE O | F INJURY (AT DRY, FARM, ETC.) | HOME. 21f. L | OCATION STREET | CITY | ORTOWN | COL | YTH | STATE |
| • | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PATER DEATH WITH THE STATE BALTIMORE, MARYLAND, 2120 | | death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) | Noture | Villiam M. | Zane, | Suicide M.D. | Homicide TITLE (SPECIFY) M.D. ASSIST & ADDRESS 11 | Undetermin | EXAMINER St. Bal | DATE SIGNE | _D 9/22 | 2/86 |
| | E09549 | (5 | JRIAL, CREMATION, | | | | | OR CREMATORY | 23d. LOCAT | outus | Md. | ITY | STATE |
| 07/84 25M | BP | 24 FI | Burial UNERAL DIRECTOR | 1 - 1 | 9/26/86 | | outus Pa | | E REC'D. BY REG | ISTRAR 125b REG | | IGNATURE | le, |
| | (VR A15 ME (5)) | (| Chas.A.Ric | e FSF | PA 1300 E | utaw Pi | lace | 3 | CL 52 18 | 86 | t-coluco. | | |

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| 0-1779 | 2 | | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENS O MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | | 5 | 1 2 | ánd |
|--|---|--------------|--|---|--|-----------------------------|---------------|--------------------|-----------------------------|---------------------------|--------------|-------------------|------------------|------------|--------------------|---------------------------|
| . 11.19 | 3 | | EASED NAME | FIRST | | MIDDLE | | | AST | | 2a. D/ | ATE KNOWN | □ MO | NTH DAY | Y YEAR | 26 HOUR |
| 25 62 50 | 10-1 | -1588 | - ORFRING | Berth | a | D. | | F | easter | | DE. | OF ESTI- | XX | 9-6 | 19 86 | Α. |
| REA | DE | 3. SEX | | 4 RACE | 5. DATE OF BIRTH | YEAR | 6 AGE (IN YEA | | | F UNDER 24 | HRS 2c D | | MON | NTH DA | | 24 HOUR 2:04 |
| A STORY | ((82 | | nale | black | | 1933 | 52 YR | | | HOOKS A | | EAD | | 9-7 | 19 86 | a. M |
| SEA SEA | 調 | 7a. BI FO | RTHPLACE (ST | TATE OR | 76. CITIZEN OF W | HAT COUN | ITRY? | B. MARRIE | D NEVE | ER MARRIED | 9 BA | LTIMORE CIT | Y OR CO | UNTY OF | DEATH | |
| ON SERVICE SER | 30 10 | | S. (| | USA | | | WIDOWI | | DIVORCED | | altimor | | | | MD |
| EDAY IS | | В | altimor | e | 11. NAME OF HOS (IF NOT IN SUCH FA 3322 W | oodla | nd Aver | nue, | | | | E WORKING LIFE) | | | | ISINESS RY |
| | 90 | 13a. S | | (IF IN NURSING HOME | OR OTHER INSTITUTION, GI | 13c. CITY OR TOWN Baltimore | | | 13d. INSIDE CITY YES [X] | | 33221 | | n Aver | | 21215 e Apt 1 B | |
| E. MD. | See See | 14. FA | Abraham | | MIDDLE | MIDDLE Feas | | | 15. MOTHER | THER'S MAIDEN NAME 10016 | | | | Smith | | |
| AOR SON | 38 - | 16a V | AS DECEASES | DEVER IN U.S. AR | | _ | CIAL SECURITY | NO. | 17. INFORMA | | | ADDR | ESS | | hester | S. C. |
| S AFTE GIVE P | VISION | (1) | S, NO PR UNKNO | (IF YES, GIVE | WAR OR DATES) | 248- | 52-8154 | | Florie | Feaste | er 103 D | lawson Dr | ive A | pt 11 | 5 | |
| 11. I | E, DI | | 18 CAUSE O | PART I DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease | | | | | | | | | | | APPROXIMATE | E INTERVAL T AND DEATH |
| ON CHARACTER A | PER | | | IMMEDIA | TE CAUSE (a) Ar. | | SCIETO | | ardio | vascul | ar Dis | sease | | | | |
| REST NEW NEW NEW NEW NEW NEW NEW NEW NEW NEW | EMO | | Condition | ns, if any, which | | AS A COP | ASEGNENCE C | 7 | | | | | | | | |
| W. P | ENTA | | gave_rise_to_immediate | | | | | | | | | | | | | |
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| SE EXE | SA BE | NO | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 rd. | | | | | | | | | | | | | |
| A RECORD IN | A TO | ICATION | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | | 20 | AUTOPSY? | ? | | |
| ATM OSES | 20034 20034 | le the | | | | | | | | | | | | | YES 🗆 | NOXX |
| DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE EXECUTED THE WASHING | STANT NEW PARTY | CAL CERT | UNDERLYING | CAUSE WAS OR OG CAUSE OF | | MONTH | DAY YEAR | 21c. HO | W INJURY C | OCCURRED | ENTER NATURE | OF INJURY IN ITEM | 18 PART 1 | OR PART 2) | | |
| DIVISION WRITING WARRED TO | AGE 3 SH TATE DEPA | MEDIC | 214 INJURY C | CCURRED | 21e PLACE | | (AT HOME, | 21f. LOC ST | ATION REET | | СПУ | OR TOWN | 18/3 | COUNTY | | STATE |
| MINER: PEICATE RE FORM | HTHE S YLAND, | | 22a I certif | francisco de la companya del companya del companya de la companya | ge of the remains des | Accident | | Autops | y | Inspection X | X Inq | uiry . | ond in m | ny opinion | | |
| 2 H | NERAL DIR | | ACTUAL SIGNATURE ACTIVAL M.D. ASSISTANT MEDICAL EXAMINER SIGNED. | | | | | | | | | | | 9-7- | 86 | |
| O MEDIC GCUTE NGF 4.5 | O FUNE FTER DE ALTIMO | - | EXAMINER'S (TYPE OR PRIN | (I) Plat. | garita A. | | | | DDKL33 | | | ., Balt | 0., | Md. | 2120 | 1 |
| 07/84 BP_ | E48 | (2 | Buri | | 9/12/86 | 23c. 1 | astview (| etery of Cemete | ry | | Balti | more | | COUNTY | | W |
| | MH - 17 5 ME (5)) | | ineral directions of the contract of the contr | | est 4300 Wabi | ash Ave | enue | | 25 | SFP 1 | 1 1 19 | STRAR 256 RI | EGISTRAI DAVI | R'S SIGN | LURE | 6 |

| | er deoth. Page 4 may be | funeral director, page 3 |
|--|---|--|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | AI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has a latter death. Page 4 may be the haspital or ottending physician. | A DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 |
| DIVISION OF VITAL RECORD: | AI OR ATTENDING PHYSICIAN: The low requite hospitol or ottending physicion. | A DIRECTOR. After this certificate hos been su |

| 00-19499 | 1. | FOR - STATE REGISTRAR | | | DEPAR | TMENT OF H | E OF MARYLAND LEALTH AND MENT LICATE OF DEATI | | NE 6 6 | 2 | 5 | 2 5 |
|--|---------------|---|------------------------------|------------------------------------|-------------------------|---------------|---|--------------------|---------------------------|--------------------------|--------------------------|-----------------------------|
| | | CEASED NAME | FIRST | 1 | AIDDLE | - (| AST | 20 | DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| noy be poge 3 | ,,,,, | Han | 14 | | N. | Fen | wick | | 9/26/86 | | | 1:50 AM |
| age 4 mo irector, po | 3. SE | Male | | RACE | 0 | 5. DATE C | OF BIRTH | EAR 21 | AGE (IN YEARS LAST B | YRS | UNDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| deoth. P | | RTHPLACE (STATE OR FO | 11 | USA | | MARRIE | | ED ** | Baltimorecity | 1 | F DEATH | MD |
| 201 The filled with | Е | altimore | | LOCK SUC | Rayen | ET ADDRESS) | or other institution | | Capente | TION OF WORKING LIFE) | 126. KIND OF INDUSTRY | BUSINESSOR |
| MARYLAND 21201 ed within no mpletely filled in by old 2 should be file examiner must be no | 13a. | | 36 COUNT | to. | 13c CITY OR TO Balti | WN | 130. INSIDE CITY LIM | | STREET ADDRESS 932 Qua | ntril | Way 2 | 1205 |
| ARYL yerhing plerely rd 2 sh | | ATHER'S NAME | MI | DDLE | LAST | | 15. MOTHER'S MAID | | WIDDLE | | 1457 | |
| | _ | tephen | | | enwick | | Eston | 1 | | | rkins | |
| BALTIMORE, cote be executed to be executed to be secuted to be sec | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) YES | U.S. ARMI (IF YES, GIVE V | ED FORCES? WAR OR DATES) W11 | 401-16 | | Anna Pa | atrid | addr ge 70081 | | Rd.21 | 222 |
| T., | | 18 CAUSE OF DEATH PART I. DEATH WA | (Enter only S CAUSED | one couse per BY: CAUSE (a) | Respir | atory | Arrest | | | Hag | APPROXIM BETWEEN OF | ATE INTERVAL |
| RESTON e deoth e antendii mave cor notion, or | | Conditions, if any, a | which diote | DUE TO, OF | PAS A CONSEO | UENCE OF | | | | | 3 | lays |
| thot to the tilease riol, cre | ĥ | couse (a), stating underlying couse | lost. | (c) | Metasta | the Ad | den-carcini | | of the L | ung | 2 | ears |
| RDS, equir n sign Then r to bi | TION | PART 2 OTHER SIGNII | | | | | | 2 | | | | |
| A Al | CERTIFICATION | 190 DATE OF OPERATION | | TOOL | | H OPERATION | N WAS PERFORMED | | 20a AUTOPSY? | IN CERTIFYIN | | SS USED OF DEATH? |
| N OF VI | | 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL | USE OF DEATH | 216. TIME OF HOUR A./ | A. MONTH | DAY YEAR | 21c HOW INJURY C | OCCURRED | ENTER NATURE OF INJU | JRY IN ITEM 18 PART | I OR PART 2) | |
| DIVISION OF OFFICE THIS of office THIS off | MEDICAL | 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK | | | ET, FACTORY, OFFICE | , FARM, ETC.) | 21f LOCATION STREET | | CITY OF TO | OWN | COUNTY | STATE |
| DR: A | Ė | 22a.1 certify the (1) to sow the deceased above (1) we (did | his hospital | ottended the | deceased from | 86 0 | d that in (my) (our) o | SC opinion deat | th occurred on the d | late and hour o | 8C , th | ot (I) (we) lost |
| 25 2000 | 6/9 | 226. SIGNATURE | | -MO | iner deam: | | DEGREE ATTEND | DING M | AEDICAL STA | FF | 22c. DAJE S | IGNED 8 |
| TO HOSPITAL OF retoined by the TO FUNERAL DII should be defact with the State De IMPORTANT; If h | | 22d. PHYSICIANS NAM | enkli | | MP | | 220. ADDRESS | Loch | Raven | Blud. | | 100 |
| ACT TO SERVICE STATE OF THE SE | 23a B | URIAL, CREMATION, RE | | 23b. DATE | | | METERY OR CREMAT | | 23d. LOCATION | | OUNTY | STATE |
| BP | 04.5 | Cremat | ion | 9/2 | 9/86 Se | ecurit | y Proces | | Balti | more | Mar | yland |
| DHMH - 16 60M 7/84 (VRA 15, 4) | _ | onnelly Fu | ınera | al Hom | address e of Di | undall | | SED S | C'D. BY REGISTRAR | 256 REGISTRAI | R'S SIGNATUI | |
| | | | | | | | | | | | | |

FOR STATE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

| 86 3 | 251 | 26 |
|------|-----|----|
|------|-----|----|

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|----------|---|--|---|--|---|
| | ECEASED NAME FIRST | MIDDLE | LAST | | DAY YEAR 26 HOUR |
| 1111 | PE OR PRINT) | | Fickling | September 29. | 1986 |
| 3. SI | EX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 MRS |
| | Male | Black | MONTH DAY YEAR 10 27 28 | 57 YRS | MONTHS DAYS HOURS MIN. |
| 70. E | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUN | VIRY? I. | BALTIMORE CITY OF COUNTY | OF DEATH |
| | S.C. | U.s.a. | MARRIED X NEVER MARRIED WIDOWED DIVORCED | DALTIMODE OTT | Υ, ΜΕ |
| | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | TURSING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| | BALTIMORE | 325 BIRKWOO | D PLACE | Channel Retire | |
| USU | JAL RESIDENCE (IF NURSING HOME OF | OR OTHER INSTITUTION GIVE RESIDENCE | E BEFORE ADMISSION) | The second secon | |
| | Maryl and | | TIMORE YES W NO [| 13e STREET ADDRESS / ZIP CODE | |
| | ATHER'S NAME | | 15. MOTHER'S MAIDEN N | 325 Birkwood Pl | ace 21218 |
| | Tohonio | MIDDLE LAS | 1 | WIDDLE | LAST |
| | Johnnie was deceased ever in u.s. a | RMED FORCES? 166 SOCIAL | Lickling Katie | ADDRESS | Fulton |
| | (YES, NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) | 26 2222 | | |
| = | | | 7.0 | R. Fickling 325 Bi | APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | ED OU | | LAIR CARCINO | |
| | IMMEDIA | TE CAUSE (a) | INSTALL TO | t NO CARCINO | MA 6 MONT |
| - | cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | DIARK G TO DEATH BUT NOT RELATED TO THE TER | | 48hour |
| 10 | | | -NONE | | |
| FICATION | 190. DATE OF OPERATION | | WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES | S, WERE FINDINGS USED FYING CAUSES OF DEATH?" |
| CERTIF | Nont | | JUT APPLICABLE | YES NO YE | S NO |
| | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | | H DAY YEAR 216 HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM TO P | PART I OR PART 2) |
| CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 V | OL APPLICAB | LE |
| MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O | OFFICE, FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | MHILE NOT WHILE | | | VOI APPLICA | BLE |
| | 220 I certify that (I) (this hasp | 0 0/ | 87 4 | 6 10 9-29 | 19_86_, that (I) (we) las |
| | saw the deceased alive of abave (1) we) (did) did n | 7 - 26 | 19_16 , and that in (my) (aur) apinio | n death occurred on the date and hav | r and from the causes stated |
| | 226. SIGNATURE | 1 1 | DEGREE | MEDICAL STAFF | 22c. DATE SIGNED |
| | MA | rew I sur | PHYSICIAN | DIRECTOR PHYSICIAN | 7-27- |
| | 22d PHYSICIAN'S NAME (TYPE | 1/ | 22e. ADDRESS | 0 | - 2. Ciz |
| | HNO | | ORMAK 102 E | PLEASANT | ST , BALTO, M. |
| | BURIAL, CREMATION, REMOVA | | 231. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | COUNTYSTATE _ |
| | | 10/3/86 | Garrison Forest | Owing Mills | Maryland |
| 24 F | UNERAL DIRECTOR | | 25a. DA | ATE REC'D. BY REGISTRAR 256. REGIST | RAR'S SIGNATURE |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

March Funeral Homes 1101 Eassts North Avenue.

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02102 03831-30 CHANGE WITHOUT PRETINGEN SHIPE IN THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND

| 0-1920 | -2FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 6 2 | 5 28 |
|---|--|--|--|---|--|
| | ECEASED NAME PEOR PRINT) EX 4 | EVE /41 | FISHER S. DATE OF BIRTH | 9-2 | 2 - SG 40 A IF UNDER 1 YEAR IF UNDER 24 HRS |
| 7 1 | BIRTHPLACE ISTATE OR FOREIGN 76 | BIACK COUNTRY | 8 MARRIED NEVER MARRIED | YRS. 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| D 10 | ARROLL.CO.Md | I. NAME OF HOSPITAL, NURSING LIF NOT IN SUCH FACILITY, GIVE STREET | WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION | BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 12b. KIND OF BUSINESS OR |
| A) / (130 | JAL RESIDENCE (IF NURSING HOME OR O' STATE 136 COUNT | JOHN L. DEAT | ADSOL 1134 INSIDE CITY LIMITS? | 115 MESTIC WOLL | DALE RD /217 |
| E | ATHER'S NAME FIRST MAIN | DOLE, JAST | YES NO | ME MIDDLE | DRIAST / |
| E o Coo C | WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V | D FORCES? 166. SOCIAL SECUNAR OR DATES) | JRITY NO. 17 INFORMANT | ADDRESS, Spr. | ingdale Rd. |
| hysician sapers. Page aval. | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | ane couse per line for (a) (b), ar | Mrs. Jo Hm Di | rooks New Win | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| fending place carbang an, or rem umatic eve | IMMEDIATE | DUE TO, OR AS A CONSEQU | | - workery | 7 44 0 5 |
| by the at se reman crematia | Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| n pled n pled ourig | PART 2 OTHER SIGNIFICANT CO | NOTITIONS CONTRIBUTING TO | SUFFICE PUC | AINAL DISEASE OR CONDITION GIVE | EN IN PART Ita |
| cate has been signature. The Hygiene prior to B Shaws ony injurity of B CERTIFICATION | 190 DATE OF OPERATION | | OPERATION WAS PERFORMED | YES NO YES | , WERE FINDINGS USED YING CAUSES OF DEATH? S NO |
| certifus iniol-tr lental ltem 1 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | AY YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | ART (OR PART 2) |
| After this e os the bu | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | FARM ETC.) 214 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| d for us d for us t. of He m 21 is | 220.1 certify that (1-this haspital saw the deceased alive on above, (1) (we) (did) (did has). 22b. SIGNATURE | 2/1) 19 | and that in (my) (aur) apinion | death accurred an the date and haur | and from the causes stated |
| FUNERAL DIRE | 228. PHYSICIAN'S NAME (TYPE OR | | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 8/11/89 |
| A PO A | J. P. GLAD BURIAL, CREMATION, REMOVAL | | BALTIMORE NAME OF CEMETERY OF CREMATORY | 234 LOCATION | |
| | BURIAL FUNERAL DIRECTOR , | 0/01/01 | HN WESLEY CEMETER) | | COUNTY STATE AND COUNTY PROPERTY OF THE PROPER |
| H - 16 60M 7/84 VRA 15, 4) | DAD Harts | Pon Ment | Director mx | 2EL 50 1800 | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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| 210 | 720 | | REGISTRAR | | MEI | DICAL | EXAMIN | ER'S C | ERTIFICATI | E OF DEA | HTA | REG. N | 10. | | 100 | |
| TIL | 1739 | | CEASED NAME | FIRST | | MIDDLE | | 1 | LAST | | 20 DATE I | KNOWN | MONTH X | DAY Y | YEAR 26. HOUR | - |
| | N ac vi 10 H | (10 | CORPRINT) | Edwa. | rd | | | Fit | zgerald | | OF | MATED [| 9/ | 28/19 | 86 | |
| | 정당분용별 | 1 SE) | | I. RACE | 5. DATE OF BIRTH | | 6 AGE (IN YEA | ARS IF UNI | | DER 24 HRS. | 2c. DATE | | MONTH | | | 5 |
| | - FEE | 1 | Male | White | 11 - 16- | YEAR 64 | 21 VD | MONTH. | S DAYS HOURS | 5 MIN | PRONOUN DE AD | ICED | 0.1 | 00/ | YEAR 12:1 | |
| | 92252 | | THPTACE (S) | | 76 CITIZEN OF WE | | 1 1 1 | S. | | | | | 9/ | 28/19 TY OF DEAT | | - |
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| | ANT ST | 10 | Marylar | | | .A. | | WIDOWI | | ORCED | E | Baltin | more (| City, | ME | 1 |
| 1 | SHORES | PE CI | TY OR TOWN C | OF DEATH | II. NAME OF HOS | PITAL, NU | RSING HOME | , OR OTHE | R INSTITUTION | 12a USI | MOST OF WORK | ATION (TY | PE OF WORK | TTORING | of Business Dustry Auto | |
| | 30860 | | Baltim | ore | Univer | sitv | Hospit | al Sh | ock Trau | | lechan | | F1-83 | VIII | age Auto |) |
| | 20×99 | USUA | L RESIDENCE (| F IN NURSING HOME C | or other institution, given the control of the cont | E RESIDENCE | BEFORE ADMISSIO | (NC | | | | | | | | |
| | まるがらかり | Ma | aryland | Balt | timore | Dun | dalk | | 13d. INSIDE CITY LIMIT YES NO | X 785 | 3 St. | Brid | get L | ane 2 | 1222 | |
| * | NEWEN | Acres - | ATHER'S NAME | | | | | | 15. MOTHER'S MA | | | | | | | = |
| S.T. | 195/7/ | 11 | FIRST | | MIDDLE | | LAST | 15-1 | | | MI | IDDLE | | LAST | | |
| 88 | 3500 | 160 V | Edward | EVER IN U.S. AR | D. | Fi | tzgera] | d | Ottili 17. INFORMANT | e | | J. | Oettinger Oettinger | | | _ |
| TEN. | 2000 2 | (Y | ES, NO. OR UNKNOW | VN) (IF YES, GIVE | WAR OR DATES) | | -96-357 | | Ottilie | Fitza | .orald | | 1000 | 20 | | |
| PARETAN | - | _ | | | | | | 3 | OCCLITE | 11029 | eraru | Danie | as I | | | _ |
| 50 | D | | 18. CAUSE OF | DEATH (Enter on TH WAS CAUSE) | ly one couse per line | for (o), (b |), ond (c).) | | | | | | | | ONSET AND DEATH | Ī |
| Ĭ | ARRAR | | I AKITOL/ | | TE CAUSE (o) | | Guns | hot W | lound of | Abdome | en | | and the same | - | | |
| | SASTAN | 10 | Control of | | DUE TO, OR | AS A CON | NSEQUENCE C |)F | | | | | | | | |
| W. PRE- ENCIL IN MINER TRANSI NITAL H OR REM | | | | Conditions, if ony, which gove rise to immediate (b) (b) | | | | | | | | | | | | |
| | | | couse (o) | couse (a) stating the <u>under-</u> lying couse lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | |
| Щž | NA MAN | | lying couse lost. | | | | | | | | | | | | | |
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| 200 | EM PA | Z | ALC: NO | | | | | | | III I AKT T U | | | | | | |
| 992 | T EEE | CERTIFICATION | 190 DATE OF | OPERATION | 196 CONDIT | ION FOR | WHICH OPER | ATION W/ | AS PERFORMED? | | | | | 20 AUTO | DPSY? | - |
| φ _Ω | 분 | THE SALE | | | | | | | | | | | | | | |
| 20 2 2 | P = 1 | E | 210 EXTERNA | CAUSEWAS | 21b. TIME OF | INTITIPY | | Tale HC | W INJURY OCCU | IDDED -CHICA | NATURE OF THE | | A B 4 B 4 A | | Х ио 🗆 | _ |
| S#E | ARTMENT SOR TO BU | 10 | UNDERLYING | XIOP | HOUR A.M | MONTH | DAY YEAR | 211.110 | W INJURY OCCU | IKKED (ENIEK | NATURE OF INJ | JRT IN HEM 18 | SPART I ORPA | RT 2) | | |
| ERE | Ş | CONTRIBUTIN | G CAUSE OF | DEATH 2 . OOK.X | 9/ | 27/19 8 | | subject s | shot | | | | | | | |
| RES. | SH SH | 1 8 | 21d. INJURY O | | 2 le PLACE C STREET, FACT | | | 21f. LOC | REET | | CITY OR TOV | WN | co | UNTY | STATE | |
| AN AN | SHE | - | AT WORK | NOT WHILE | fron | r of | | 404 | 11 N. Pt. | Blvd | . Dur | ndalk | . Balt | | | |
| THE THE | 51 | | 220 1 | , that I task show | e of the remains desi | | ua haldaa | Autops | . Y | ection , | | | | | | • |
| ãQδ; | A TO | | | | 77 | | | | A STATE OF THE PARTY OF THE PAR | _ | Inquiry | | and in my op | noinion | | |
| ₩ | SE SE | - | death resulte | d from: Notur | rol couses | Acgident | L, Sui | cide 🔲, | Homicide 2 | | termined mo | nner, | | | | |
| 200 | 2 3 | | ACTUAL | | XVY | | | | TITLE (SPECIFY | | | | DATE | 0 | 100 100 | |
| 芸芸 | FUNERAL FUNERAL FR DEATH GUNORE | 1 | SIGNATURE_ | | AN | - | | M. | Assista | ant_MED | ICAL EXAM | INER | SIGNE | D_9/ | 29/86 | _ |
| Ø 1 4 | WORE I | 1 | EXAMINER'S N | IAMF _ | | | 1-000 | | | | | | | | | |
| | 到土 | | EXAMINER'S N (TYPE OR PRIN | T) Gre | egory R. K | auffn | nan, M. | D | ADDRESS | 1.1.1 | Penn S | st. | | | | |
| DE E | 4.9 | 230 BI | URIAL, CREMAT | ION, REMOVAL ? | 3b. DATE | 23€. № | NAME OF CEN | ETERY OF | CREMATORY | 23d LC | CATION | | cour | NTY | STATE | • |
| BP | | 1 | Bur: | ial : | 10-3-86 | Sa | cred He | eart | of Jesus | City | ORTOWN | B: | altimo | 3.4 | aryland | |
| | 1. 17 | 24. FI | JNERAL DIRECT | OR | | | | 2.1 | 25a. DA | ATE REC'D. BY | REGISTRA | R 25b. REG | SISTRAR'S S | | | • |
| | AH - 17 15 ME (5)) | | | | Funeral | | | | | - A m | 2000 | 1.0. 1 | To inda | z Manda | Sie | |
| 1 | (-// | _ | 19 | Wise A | Ave Dundal | K, M. | aryland | 1 212 | 22 | TOO | 1006 | DAMEN. | ALL THOSE | شنة به | | |

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTR | AR | | | CERTIF | ICATE OF DEATH | REG. N | 0. | | | |
|----------------------------------|--|----------------------------------|---|------------------|----------------------------------|--|--|---------------------|------------------------------------|--|
| 1. DECEASED N (TYPE OR PRINT) | Patri | | • IDDLE | Fit | szpatrick | 20. DATE OF DEATH September | MONTH 26, | 1986 | 26 HOUR 0830 AM | |
| 3. SEX Male | | 4. RACE White | | 5 DATE O | ie 13, 1921 ** | 6. AGE (IN YEARS LAST BE | MONTHS DAYS | | | |
| °Irel | | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOW! | D M NEVER MARRIED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH City | | | | |
| Balt | wn of Death imore | | HOSPITAL, NURSIN HALVIEW A | | DR OTHER INSTITUTION | USUAL OCCUPAT UXPE OF WORK FOR MOST OF Maintaneilo | E WORKING | HEEL INDUSTRY | OF BUSINESS OR | |
| Md. | NCE (IF NURSING HOME | | GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo | N | 134 INSIDE CITY LIMITS? | 3005 Harvi | ZIP CO. | venue 2 | 1234 | |
| 14 FATHER'S N | ame Iomas | MIDDLE F: | itzpatric | | 15. MOTHER'S MAIDEN NAI | MIDDLE | | Kelly " | st | |
| 160 WAS DECE | ASED EVER IN U.S. A | ARMED FORCES? GIVE WAR OR DATES! | 216-32-4 | | Mrs. Brigid | N. Fitzpart | | Same | | |
| gove ri couse underly: | Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. DUE TO, OR A CONSEQUENCE OF (b) TEXTIO SCHE COLIC VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column Column | | | | | | | | | |
| NOI | 19a DATE OF OPERATION | | 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 201 | | | | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO | | | |
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| OR CONTR | RY OCCURRED NOT WHILE AT WORK | 21e PLACE (AT HOME STE | OF INJURY PEET, FACTORY OFFICE FA | | ZII LOCATION STREET | STATE | | | | |
| | tify that (I) (this has the deceased alive (e, (I) (we) (did) (did | | | | nd that in (my) (our) opinion of | to Ituq. 2 | ate and h | | that (we) last couses stated | |
| 100 | TURE ALCU ICIAN'S NAME (TYP) | (Xc | anud | M | ATTENDINO PHYSICIAN | MEDICAL STA | | 22c. DATE | 29/86 | |

Marcia Schmidt

University Hospital Baltimore, Maryland

23d. LOCATION

236 BURIAL, CREMATION, REMOVAL Sept. 30,1986 736. NAME OF CEMETERY OR CREMATORY New Cathedral Leonard J. Ruck Inc. Baltimore, Maryland

Md. Baltimore

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept of Hea

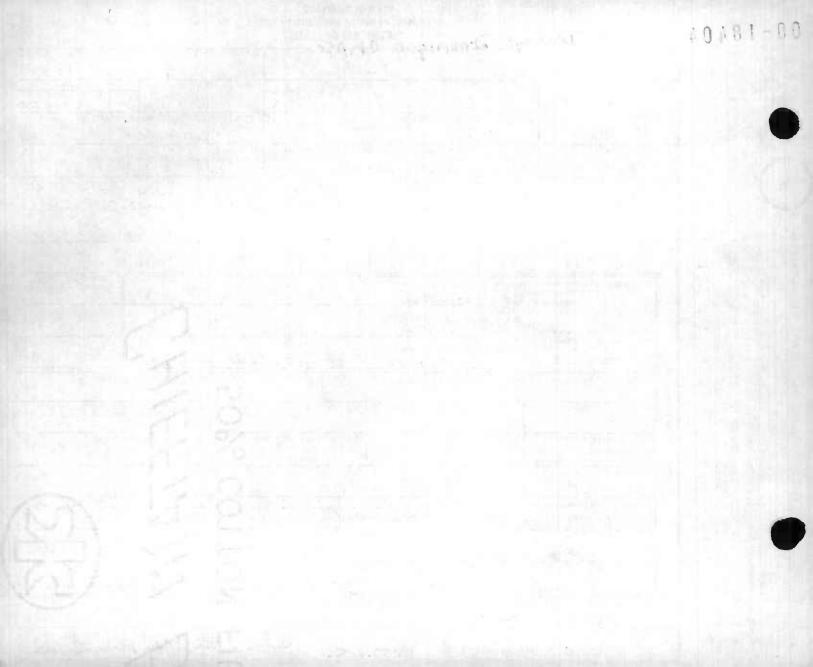
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| s ofte | | | M | B | MONTH | 1 86 | | YRS DAYS HOURS MIT |
| dire bour | 4 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | INTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR CO | |
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| the further with affiged | 38 | 10 CI | BALTO | 1. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN INELES IT OF | VE STREET ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS C INDUSTRY |
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| rely for | | I4 FA | THER'S NAME | 1376 | 31170, | 15. MOTHER'S MAIDER | | DRIVINGE SI |
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| ires that the death certificate appears in a pleas remove carbon paper buriol, cremation, or removal. | | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CON | NSEQUENCE OF MEA NSEQUENCE OF MATURIT | | WEEKS JESTAT TERMINAL DISEASE OR CONDITION | |
| ne law requir on. has been sig permit. Then ene priar ta b | 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? |
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| d d d d | | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| or atterse as the calthour morke | 21 is mork | | 220. certify that (I) (this hasp | oital) attended the deceased | I from 91 | 19 | 86 10 9// | |
| | | | sow that since outflinding or | | 10 4/2 2 | nd that is (my) (our) ap | inion death occurred on the date a | nd hour and from the couses stated |
| OR he he ho DIRE | | | 27% SIGNANORE | Street Body after death | | DEGREE ATTENDIN | NG MEDICAL STAFF | 224 DATE SIGNED |
| HOSPITA ined by FUNERA wild be de to the Stoty | 1 | | 22d PHYSICIAN'S NAME (TYPE | PR PRINT) | W | 22e ADDRESS DEST OF T | 11111/2011 | GREENEST BALTI |
| of of other other of the other | | | URIAL, CREMATION, REMOVAL | | | EMETERY OR CREMATO | ORY 23d LOCATION | |
| BP | | | REMOVAL | 9-4-86 | 1332 | | CITY OR TOWN | COUNTY STATE |
| DHMH - 16 50M 4/83 | | 24 FL | INERAL DIRECTOR | | | 25 | SEP 10 1986 | REGISTRAR'S SIGNATURE |
| (VRA 15, 4) | | | ANATOMY | | BALTO | ., MD. | DEL 10 1200 9 | hia Davidson. Roadnes |

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| | rald 72 ho | - الماعة | do | RTHPLACE (STATE OR FOREIGN COUNTRY) | 1 | WHAT COUNTRY | MARRIE | D NEVER A | | | - | UNTY OF DEATH | |
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| = | offe y the ed w | EH) | 1 | Baltimore 1 | (IF NOT IN SUC | H FACILITY, GIVE STREE | T ADDRESS) | | 11011011 | (TYPE OF WORK F | OR MOST OF WORK | ING LIFE INDUSTR | RY |
| 2120 | in b | 200 | UsU | AL RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION | | RE ADMISSION) | | | House | | | ome |
| QN | filled ould | 変り | | | timore | Catons | ille | YES T | NOXX | | BUTHEST | Oak Road | 21228 |
| RYLA | ately 2 sh | / // / | | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S | MAIDENNA | ME | | ouic Rouu | 21220 |
| MA | omple | /x 2(| | Joseph | - Nobel | Ser | io | | Marian | | MIDDLE | Fa | race |
| ORE | nd c | dica | 160. \ | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? | 166 SOCIAL SEC | | 17 INFORMA | | | 8013 B | urnt Oak | Road |
| TIM | on o | E | | | | 212-52- | | Louis | J. Fo | nte | Catons | ville. M | D. 21228 |
| BA | hysic pape aval. | ent, fl | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per D BY: | line for (a), (a | nd ICI. | inti | | | | BETWEE | OXIMATE INTERVAL EN ONSET AND DEATH |
| NST | rban r rem | ic ev | | IMMEDIAT | E CAUSE (a) | why | | January | | | | | |
| PRESTON ST | tend re co | DE S | | Conditions, if any, which (b) WHEEL WALCED CELLARY | | | | | | | | | |
| | the d | er tro | | gave rise to immediate cause (a), stating the | DUE TO O | R AS A CONSEQU | | an will | 4 | Z MON | | | |
| . W | that | 1 | | underlying couse lost. | (c) | K AS A CONSEQU | DEINCE OF | | | | | | |
| RDS, 201 | dures (| divery. o | NO | PART 2. OTHER SIGNIFICANT C | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | OR CONDITION | N GIVEN IN PART | Iro |
| DIVISION OF VITAL RECORDS, | no. has be | 05/ | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDI | TION FOR WHICH | H OPERATIO | N WAS PERFO | RMED | 200 AUTOP | SY? 206. | IF YES, WERE FINE ERTIFYING CAUS YES T | DINGS USED ES OF DEATH? |
| VITA | ysicid cate ansit | 88 | CERI | 21g. ACCIDENT WAS UNDERLYING | | | | 21c HOW IN | JURY OCCURE | | 4-7 | M 18 PART I OR PART 2 | |
| OF | ICIAN g ph ertifical-tr | E | CAL | OR CONTRIBUTING CAUSE OF DEA | | | AY YEAR | 1792 | | | | | |
| O | PHYS endin | for | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATIO | N | | CITY OR TOWN | COUNTY | STATE |
| N N | offer of the on the on the on | arked | 2 | AT WORK NOT WHILE AT WORK | (and the state of | eer, racroar, orrice, | , Amin, ere j | | | | | 0. | |
| | al or or use | E .s | | 220.1 certify that (I) (this haspi | tal) attended the | | 86 | - 9 | , 19.00 | , to | 4-30 | 19 00 | that (I) we) last |
| | ATT ospit eCTC ed fo | m 21 | | obove I we vid value of | t) view the body | ofter death. | | | (our) opinion i | death occurred | on the date one | d have and from th | |
| | the h tache | i if the | | JIV. | lish | | | DEGREE A | TTENDING _ | MEDICAL | STAFF | 22c. DAT | TE SIGNED |
| | HOSPITAL ned by t FUNERAL old be det | NA I | | 22d. PHYSICIAN'S NAME (TYPE O | RP (NT) | | | 22e ADDRESS | HYSICIAN [| DIRECTOR | PHYSICIAN | 4 116 | 10 OQ |
| | TO HOSPITAL retained by to TO FUNERAL should be de- with the State | MPORTAN | | KENNETH M. | Kask | 2 | | 90050 | Land | Who. | BALTI | . Hen | m |
| | Die 57.8 | ≥ | 1 | URIAL, CREMATION, REMOVAL | 23b. DATE | | | EMETERY OR C | | 23d LOCAT | ION | | |
| | BP | - | _ | Burial | 10/3/ | | | hedral | | * | timore | | Maryland |
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STATE OF MARYLAND

(VRA 15, 4)

STATE OF MARYLAND

| (TYPE OR PRINT) OF ESTI- DEATH MATED 9-2-86 19 | , , |
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| T. DECEASED NAME STATE ST | |
| JEAN FOSTER DEATH MATED 9-2-86 19 1. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY B 1 5 64 22 YRS. TO BIRTHPLACE (STATEOR FOREIGN COUNTRY) MARRIED NEVER MARRIED 9 PROMOUNCED DEAD 9-2-86 19 PRONOUNCED DEAD 9-2-86 19 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 9 9. BALTIMORE CITY OR COUNTY OF DEATH MATED 9-2-86 19 9. BALTIMORE CITY OR COUNTY OF DEATH MONTH DAY MARRIED NEVER MARRIED 9 9. BALTIMORE CITY OR COUNTY OF DEATH MONTH DAY 9. BALTIMORE CITY OR COUNTY OF DEATH MONTH DAY 9. BALTIMORE CITY OR COUNTY OF DEATH MONTH DAY 10 MARRIED NEVER MARRIED 9 9. BALTIMORE CITY OR COUNTY OF DEATH MONTH DAY 9. BALTIMORE CITY OR COUNTY OF DEATH MONTH DAY 10 MARRIED NEVER MARRIED 9 10 MARRIED NEVER MARRIED 9 11 MARRIED NEVER MARRIED 9 12 MARRIED NEVER MARRIED 9 13 MARRIED NEVER MARRIED 9 14 MARRIED NEVER MARRIED 9 15 MARRIED NEVER MARRIED 9 16 MARRIED NEVER MARRIED 9 17 MARRIED NEVER MARRIED 9 17 MARRIED NEVER MARRIED 9 18 MARRIED NEVER MARRIE | |
| JEAN FOSTER DEATH MATED 9-2-86 19 1. RACE 1. RACE 1. DATE OF BIRTH MONTH DAY VEAR LAST BIRTHDAY LAST BIRTHDAY MONTH DAY FOREIGN COUNTRY) DEATH MATED 9-2-86 19 DEATH MATED 9-2-86 19 DEATH MATED 9-2-86 19 PRONOUNCED DEAD 9-2-86 19 NONTH DAY MONTH | EAR 26. HOUR |
| 1. DATE OF BIRTH MONTH DAY YEAR B 1 5 64 22 YRS. 1. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY 1. DATE MONTH DAY YEAR LAST BIRTHDAY DEAD DEAD DEAD DEAD 1. CITIZEN OF WHAT COUNTRY? 1. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MONTH DAY YEAR 1. MONTH DAY YEAR MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATE 1. MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY MONT | N |
| B 1 5 64 22 YRS. DEAD 9-2-86 19 PROPERTY OF COUNTRY BALTIMORE CITY OF COUNTY OF DEATH | YEAR 2d. HOUR |
| 76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED (9) BALTIMORE CITY OR COUNTY OF DEATH | 10PM M |
| 9725 F) W | |
| THE THEORY OF THE PROPERTY OF | AAD |
| ID. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TIPE OF WORK 112b. KIND OI | F BUSINESS |
| (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING (IFE) OR INDI NA NA OR INDI NA OR I | USTRY |
| TAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| Manual City Immis- | |
| Maryland Baltimore YES X NO 121 North Hilton Stree | it. |
| Those than the state of the sta | 200 |
| Frank J. Foster Sr. Robinso: | 711 |
| (YES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES] | |
| Total Tedita Modification St. | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ONSET AND DEATH |
| PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Desipramine Intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Conditions, if ony, whic | |
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| A STANDARD IN CONTRACTOR AND ENGINEERS AND ENGINEERS | PSY? |
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| UNDERTRIBUTING CORP I MAY 1. CONTRIBUTING CO | |
| 216 INJURY OCCURRED 318 PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY) | |
| | Md. |
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| 20°264 | |
| deoth resulted fram: Notural causes, Accident, Suicide, Homicide, Undetermined manner, | |
| SESSE SIGNATURE COMMINER SIGNATURE DATE SIGNED 9-3 | 3-86 |
| SIGNATURE SIGNED 9-3 | 3-86 |
| ACTUAL SIGNATURE MARGARITA A. Korell, M.D. ADDRESS 111 PennStreet ACTUAL SIGNATURE MARGARITA A. Korell, M.D. ADDRESS 111 PennStreet | |
| (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 PennStreet 236. BURIAL, CREMATION, REMOVAL 23b. DATE 1236. REMATION, REMOVAL 23b. DATE | _ |
| (SPECIFY) | STATE |
| 25M 24 FUNERAL DIRECTOR 1750 DATE RECIDINARY SUSTINATION | ryland |
| Wm. Wm. March Funeral Homeoninc. 1101 East North Avenue | 3 |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH SARAH EDITH FOWBLE (TYPE OR PRINT) 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1. SEX 5. DATE OF BIRTH IF UNDER 24 HRS FEMALE 03/23/1904 White BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Candy Maker MarySue CandyCo. UAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

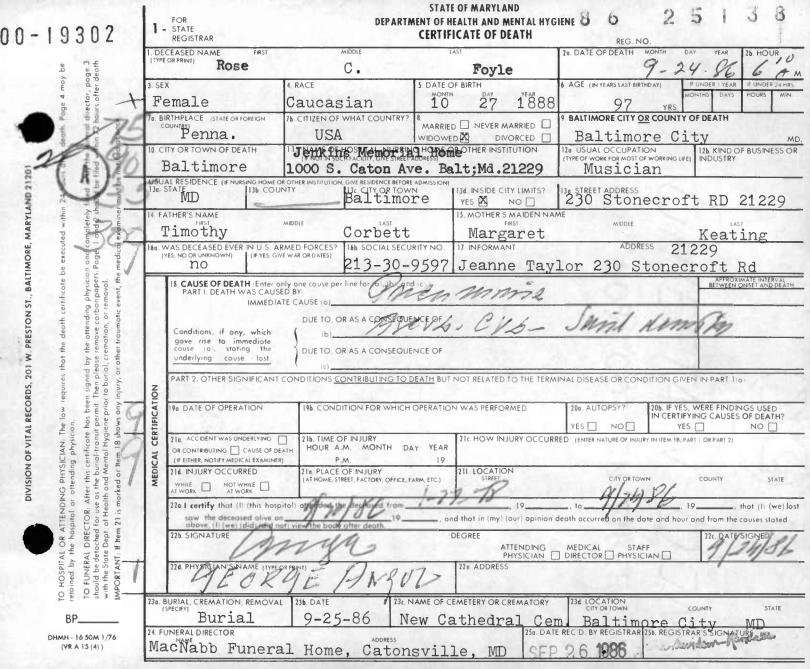
130. STATE

1315. COUNTY

136. CITY OR TOWN 113d. INSIDE CITY LIMITS? 1804 Palo Circle, 21227 Maryland Baltimore Relav YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Rawleigh Gardner Percy A. R. Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Betty M. Coscia, 1804 Palo Circle, 21229 216-03-0497 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Alah Trans DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21b. TIME OF INJURY 21n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED **ATTENDING** MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 00 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) Carroll Maryland 10/2/86 Lakeview Memorial ParkSykesville Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR SIGNATURE 21229 DHMH - 16 60M 7/B4 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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| mo y bo | 3. SE | × | 4. RACE | 5. DATE OF | | 6. AGE IN YEARS LAST BIR | | |
| to after | | F-Fmo15 | BLACK | HIMOM | DAY YEAR | 84 | | DAYS HOURS MIN. |
| ours ours | 70 B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COU | NITDY2 8 | 108102 | D BALTIMORE CITY C | YRS OR COUNTY OF DEAT | TH |
| 4 20 mg | | COUNTRY | 1. 6 0 | MARRIED | NEVER MARRIED | RAZIN | K COOKIT OF DEAT | |
| 9 9 9 | _ | MARYCAND | U.S.A. | WIDOWED | | Dam | Cets | MD. |
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| 5 25 to 1 | 1. 1 | 32/20 | FINA | 1 HOS - | 7 BAUTO. | | | ATH CAROLINA |
| hours file | USU | AL RESIDENCE (IF NURSING HOME OF | OR OTHER INSTITUTION, GIVE RESIDENCE | | 1 - 20 - 1 | · · | | 21215 |
| 4 P 24 P | 130. | MANUA 136 COU | | 4.4 | d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | /, ZIP, CODE | |
| AN S S | 100 | · IMI / LOVE | elto sei | | YES NO | | UDGATE | RB |
| M to A | 14. F. | ATHER'S NAME | AMIDDIE LA | LST I | MOTHER'S MAIDEN N | AME | 1.1 | CANIO . |
| W P. | D | WILLIAM | Le | 0 | ROSEHA | un | N H | ENRY |
| RE, M. | | WAS DECEASED EVER IN U.S. AF | | L SECURITY NO. | INFORMANT | ADDRI | SS BALTO, I | mo. 2/2/5 |
| MON ond | | YES, NO OR WIKNOWN (IF YES, GI | IVE WAR OR DATES) 212- | 09-5718 | TRENE M. | Mc NAMARA | | |
| ALTIN te be te be icron pers. P | | NO | | | LKENE III. I | IC IVAINARA | | |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for (a), | (b), and (c).) | | | BETY | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
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| ON S nding or re otic e | | | DUE TO, OR AS A CON | ISECUENCE OF | 16 50 6 | | | |
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| 201 vs tho | | - That it is a second of the s | (c) | | | | | |
| ires n plane burny, o | 12 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTIN | G TO DEATH BUT N | OT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN PA | ART 1(o |
| RDs n si to to inju | 0 | | | | | | | |
| Iow requests been size been size been size been size been size or size | ¥ | 190. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE F | INDINGS USED |
| | , E | 1/1/2 | | -/ | | YES TI NOW | IN CERTIFYING CA | |
| 7 40 - 0 0 | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 1 | He HOW INTURY OCCU | RRED (ENTER NATURE OF INJU | | NO 🗌 |
| IOF VITE G physici g physici g physici gid-transi | | OR CONTRIBUTING CAUSE OF DE | | H DAY YEAR | 16 1/2 | RED (ENTER NATURE OF INJU | RY IN HEM 18 PART I OR PA | RT 2) |
| ON OF IT | S | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. | 19 | 11/1 | | | |
| HYW ndir | MEDICAL | 21d. INJURY OCCURRED / | 21e. PLACE OF INJURY | | 1f. LOCATION STREET | CITY OF TO | wn coun | ITY STATE |
| VISI G P one and ked | 2 | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, | VIA | NIA | | | |
| OIN OITH | | 220.1 certify that (I) (this hosp | nital) attended the deceased | A 1/. 3 | 5 10 80 | D . Seps | -7 10 X | , that (I) (we) last |
| THE OR | | sow the deceased alive or | Seps 6 | 19 V and | that in (my) (our) apinio | n death accurred on the d | nte and hour and frag | |
| R ATT hospit RECTG red for ppt. of fem 21 | | above, (I) (we) (did) (did no | ot) view the body ofter death. | | | deam accorred on me d | | |
| 0 0 000 = | | 22b. SIGNATURE | | DE | GREE | APPRICAL CTA | | DATE SIGNED |
| TAL O y the RAL DI detocl ote Do | | Cowh & Lee | eller | MO | ATTENDING PHYSICIAN | MEDICAL STA | | 17180 |
| SPIT LER See See | 1 | 226. PHYSICIAN'S NAME (TYPE | OR PRINT) | | 2e ADDRESS | | | |
| O HOSPITAL etained by the TO FUNERAL should be de with the Stork MAPORTANT: | | CAROLE. | A. E | REFLA | n Sinion | HAXO BE | Wholeve & No | , shanpkus |
| TO HOSPITAL of retained by the TO FUNERAL I should be detoo with the State I IMPORTANT: If | 22- | | Ton Days | | | | | |
| | | BURIAL, CREMATION, REMOVAL | 23b. DATE | | ETERY OR CREMATORY | CITY OR TOWAL | COUNTY | STATE |
| BP | | BURIAL | 191111986 | | URN CEMETE | | | MARYLAND |
| DHMH - 16 60M 7/84 | | WITTER SON- | | | | ATE REC'D. BY REGISTRAR | | |
| (VRA 15, 4) | | OI GWYNNS FA | | LTO, MO. | 21216 | SEP 8 | de l'a Nasudi | Marion - |
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Sup.

LA LEWERD

| | 1 | | | STATE OF MARYLAND |
|--|---------------|---------------|---|--|
| -1720 | | 1- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 5 1 4 1 |
| -1130 | 1 | I DE | REGISTRAR | REG. NO |
| * 24 | 26 | | CEASED NAME FIRST | 6 , 0 = 10 |
| page dec | | 3. SE. | John | 1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 FUNDER 24 MRS |
| ge 4 m | | J. JL. | m | Black MONTH DAY YEAR 19 67 YRS MONTHS DAYS MOURS MIN. |
| 6 30 | 24 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH |
| 1 | = | 10.0 | TY OR TOWN OF DEATH | USA WIDOWED DIVORCED Balto City MD. |
| The state of the s | 34 | | 3a 140 | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TO SCOULS HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
| 2 22 | 2% | USU. | AL RESIDENCE (IF NURSING HOME (TATE 136 COL | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) |
| 1 | - | 14 | WG - | Balte YES NO D 2906 Edge Comb Circle |
| 12.0 | . 0 | 14. FA | THER'S NAME | MIDDLE LAST FIRST MIDDLE DAST |
| 186 | \mathcal{X} | | 30hn | Freeland Eleanor Coates |
| 2.5 | 1 | | VAS DECEASED EVER IN U.S. A | IRMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS |
| P P P | | | 7 7 | 21836-0472 Pt & Chart |
| open a | | | 18 CAUSE OF DEATH (Enter of | anly ane cause per line for (a), (b), and (c). |
| pho pho | | | PART I. DEATH WAS CAUS | ATE CAUSE (a) Respiratory Hrrest |
| 9000 | | | | DUE TO, OR AS A CONSEQUENCE OF |
| 100 | | - 19 | Canditians, if any, which | (b) Metastatic Lung Coscinom- |
| the care | | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUENCE OF |
| \$ 50 to | | | underlying cause last. | (c) . |
| an planed | | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 |
| 1000 | | CERTIFICATION | 90 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED |
| 5 8 9 1 | 4 | HC | THE DATE OF OPERATION | IN CERTIFYING CAUSES OF DEATH? |
| 土力を | 1 | EXT | 21g. ACCIDENT WAS UNDERLYING | YES NO YES NO |
| S D T S | a | 100,150 | OR CONTRIBUTING CAUSE OF D | Company of the control of the contro |
| 9633 | / | CAL | (IF EITHER NOTIFY MEDICAL EXAMIN | |
| # # P + | | MED | 21d INJURY OCCURRED | 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE |
| 100 | | | MILE NOT WHILE AT WORK | |
| A Ped | | | | pital attended the deceased from 19 6, 19 6, that the (we) last |
| 625 | | - 10 | saw the document alive a abave, (th) | in 19 |
| all l | | | 22b. SIGNATURE | DECORE. |
| A beto | | | Kobert | 7 Mon MD ATTENDING MEDICAL STAFF 9-6-86 |
| FUNERA old be d the Sto | 1 | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) 22e ADDRESS |
| 254 | | | Robery | 2. Moss Bons Secon Wospital-Bult. 1 |
| F 42 3 8 | | 23 E | URIAL CREMATION REMOVA | 1 236 DATE , 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION |
| | - | 1 | Kurial (| 9-11-86 MI AUDURN BAYON MO. STATE |
| | 1 | 24 FU | INERAL DIRECTOR | 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE |
| OHMH - 16 60M 7. (VRA 15, 4) | /84 | | NAME P | 10 12 12 12 Month and SEP & 1998 Julie Incident Render |
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ofter death

| DEP | STATE OF MARYLANI ARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA | NTAL HYGIENE |
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| MIDDLE | LAST | 20 DATE C |

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250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 17 1988

| | 1 - | FOR STATE REGISTRAR | | DEP | | EALTH AND MENTAL HYC | GIENE & Ó | 2 | 5 | 1 6 | 2 | |
|---------|---------------|--|--|--|--------------------------|--|---------------------------|--|-------------------------|----------|------------------|--|
| | | CEASED NAME FIR | | AIDDLE | FR | IEDMAN | | MONTH DAY | SE | 26 HOL | 6 PM | |
| | 3 SEX | Female | 4 RACE | asijan | 5 DATE C | | 6. AGE (IN YEARS LAST BIR | YRS | NDER I YEAR | IF UNDER | MIN. | |
| 1 | | RTHPLACE (STATE OR FOREIG ARYLAND | 76. CITIZEN OF | WHAT COUN | MARRIEI WIDOWE | NEVER MARRIED D | | 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY | | | | |
| 0 | B | altimor | Sig où | HOSPITAL, NU HEACHITY, GIVES HOSP, | TREET ADDRESS) | altimou | 12ª USUAL OCCUPAT | | 126. KIND C INDUSTRY | T HO | | |
| all man | 13a S | AL RESIDENCE (IF NURSING HITATE ARYLAND | OME OR OTHER INSTITUTION COUNTY | GIVE RESIDENCE E | SEFORE ADMISSION) MORE | 13d INSIDE CITY LIMITS? | 13. 3917ADDRESS | RKS LA. | #21 | 215 | - 5 | |
| 7 | 14 FA | RUVEN | WIDDLE | LEVIÑ | | 15. MOTHER'S MAIDEN NA | 1410015 | | AAROÑ | İS | 1.3 | |
| | 16a W | S NO OR UNKNOWN) | S. ARMED FORCES? YES GIVE WAR OR DATES) | 2/1-2 | SECURITY NO. 26-77951 | 17 INFORMANT MAN 816 PAINTED | UELFRIEDMAN POST CT. F | FSS BALTO.M | D 2 | 1208 | | |
| | | Conditions, if any, whi gave rise to immedic cause (a), stating t underlying cause la | ch (b) | R AS A CONSI | ÉQUENCE OF | | X | | | | | |
| | CERTIFICATION | PART 2 OTHER SIGNIFIC | | | | NOT RELATED TO THE TERM | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES F | ERE FINDIN | VGS USE | TH? | |
| | MEDICAL CER | 21a ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX | OF DEATH HOUR A. | M. MONTH M. | DAY YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART I | OR PART 2) | | | |
| | WED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | OF INJURY EET, FACTORY, OF | FICE FARM, ETC) | 211 LOCATION STREET | CITY OR TO |)WN | COUNTY | | STATE | |
| | | 226. SIGNATURE | | 11 | 19 <u>86</u> , an | d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [122e ADDRESS | MEDICAL STA | FF s. | d from the | | we) jost ated | |
| | | SANJA | Y PLASA | D | | | spital & I | Baltin | ere. | | | |
| | 23a. B | URIAL, CREMATION, REMAISPECIFY BURIAL | OVAL 236 DATE SEPT.1 | | ROVNA | CONG. | ROSEDALE | E BAL | TO. | | MD | |

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SOL L'EVINSON & BROS., INC.

BALTO MD

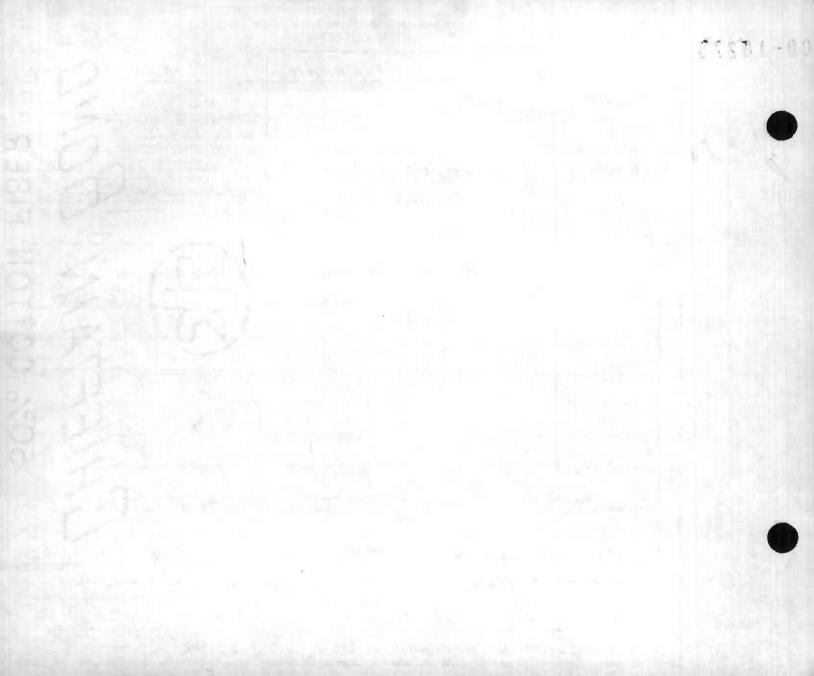
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b TO FUNERAL DIRECTOR: After this certificate has been

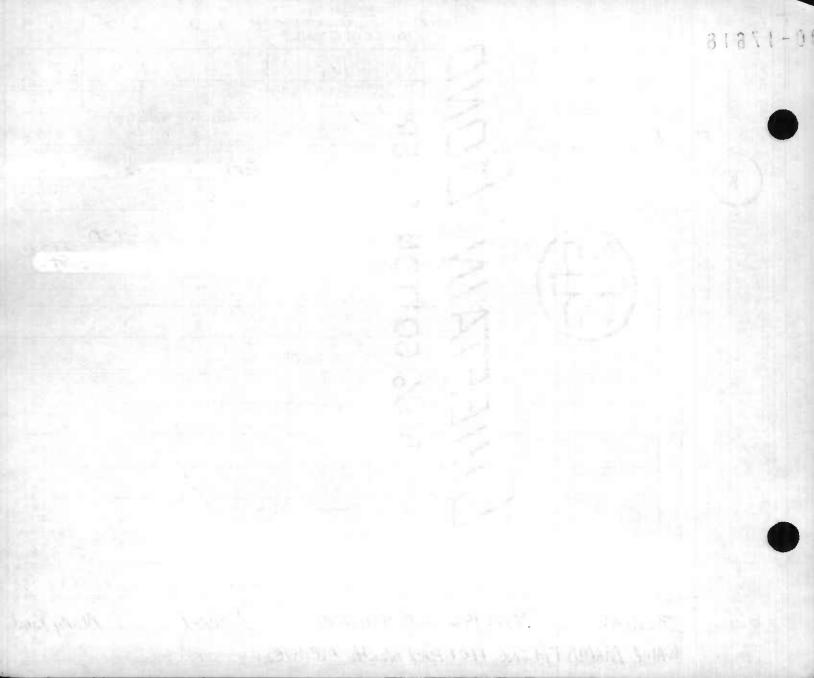
IMPORTANT: If them 21 is marked or them 18 shows any



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 00-17278 1. DECEASED NAME LAST TYPE OR PRINTS ELZIE LEE FULLER 4 RAGE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 21 HRS YEAR MALE CAUCASIAN & BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED KANSAS BALTIMORE CITY WIDOWED DIVORCED [1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Truck Driver Manufacturing 21090 13e.STREET ADDRESS / ZIP CODE Linthicum 6861 Baltimore Annapolis Blvd ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FULLER OTA KAMBY 160: WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Linthicum, Maryland 21090 Sarah C Fuller 6861 B&A Boulevard APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and to:)
PART I. DEATH WAS CAUSED BY: ARRECT IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF COROLARY ARTERY DISEASE Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DISSAS to 1 16AT NO Z YES NO [DROUAR Y 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 228.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) yiew the body after death. 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS D LEBAUM 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL Crownsville Veterans Crownsville A 9/11/86 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Raymond C, Fink Glen Burnie, Md. delin Karinta 21061 (VRA 15, 4)

25143 00-17276 3056 98 -1-16 3 6 32 2 2 vis. 20 THE SHOTAL 4 , 1 E9. E7. 59 A A B CONTRACTOR OF THE STATE O Thomas will be a first or a first to the first or a f THE TOTAL THE TOTAL TO STATE T TARLE Discourse of the East of the Control of

| | | | STATE OF | FMARYLAND | | and the second of the |
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| 17618 | 1. | FOR STATE REGISTRAR | | LTH AND MENTAL HYGIENI ATE OF DEATH | 8 6 REG. NO. | 25144 |
| may be page 3 rer death | | CEASED NAME FIRST Rober | MIDDLE LAST | ller | DATE OF DEATH MONI | 7 86 6 35 BM |
| ge 4 may | 3 SE | 'Male ' | Black S. DATE OF B | IRTH DAY YEAR 7 16 A | GE (IN YEARS LAST BIRTHDAY |) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. |
| Jeoth. Pour Juneral dir Jun 72 hau | 7a. B | RTHPLACE (STATE OR FOREIGN 76 OUNTRY) | TIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED | DIVORCED D | ALTIMORE CITY OR CO | CITY MD |
| | | 3a timere | NAME OF HOSPITAL, NURSING HOME OR C UP NOT IN SUCH FACILITY, GIVE STREET ADDRESS. . Ba from 6 | M | USUAL OCCUPATION PEOF WORK FOR MOSYOF WOR ORK LIFT | 126 KIND OF BUSINESS OR INDUSTRY |
| 1 Br | 130 5 | AL RESIDENCE IN NURSING HOME OR OT TATE MI) 136 COUNTY SQ | F. C Baltinone Y | ES NO | STREET ADDRESS / ZIP | Rue 501225 |
| ompletely and 2 sh | | THER'S NAME William MID | Fuller | MOTHER'S MAIDEN NAME 5 ula | MIDDLE | Lyon |
| be executor and control on and control or seed | | VAS DECEASED EVER IN U.S. ARME LES NO GRUNKNOWN! LIFYES, GIVE W | | Mary V. Ful | | LARUE SQUARE |
| g physici on paper remaval. | | 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED ENTER OF THE PART I. DEATH WAS CAUSED ENTER OF THE PART | (A - A O - A | monary a | rest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| t the death c the attendir remove cort remation, or ther traumation | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF | | O due | |
| quires that signed by hen please to burial, cr | Z | | DITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINA | L DISEASE OR CONDITIO | ON GIVEN IN PART 1:0 |
| on. hos been t permit. T ene prior t | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION W | | | O. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| rYSICIAN: T ding physici is certificate burial-transi Mental Hygi or them 18 sh | 4 | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH DAY YEAR P.M. 19 | TE HOW INJURY OCCURRED | (ENTER NATURE OF INJURY IN I | TEM 18 PART I ORPART 2) |
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| TTEND option of For Use of Heo | | 220. I certify that (I) (this hospital saw the deceased alive an above, [I) (we) (did) (did nat) v | y the body after death. | hat in (my) (aur) apinion deat | to to | nd have and from the causes stated |
| by the by the ERAL District State Desired | | 276. SIGNATURE | ll. Mi | ATTENDING M | EDICAL STAFF RECTOR PHYSICIAN | 9-7-86 |
| HOSPIT FUNER FUNER buld be th the St | | | | 3001 9. Hans | ver 55. B. | : (time MD 2173 |
| TO HOSS | 730 | URIAL, CREMATION, REMOVAL | DATE , 23c. NAME OF CEME | ETERY OR CREMATORY | 23d LOCATION | |

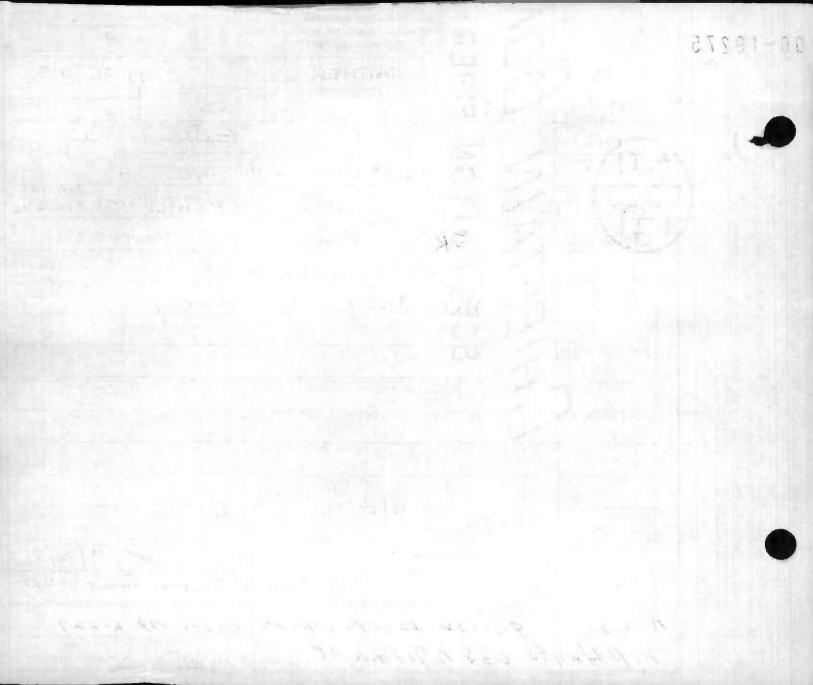


| 7 | | 1 | ١, | FOR STATE | | | DEPART | | E OF MARYLAND EALTH AND MENTAL HYO | SIENE 8 6 | . 2 | 5 1 | 4 5 |
|-----------------|--|-----------|---------------|--------------------------|---------------|-------------------|------------------------|--------------|---------------------------------------|-------------------------------|----------------|------------------|----------------------------------|
| 10-1 | 1816 | n | | REGISTRAR | | | | CERTII | ICATE OF DEATH | REC | . NO. | for . | 4 |
| 0 1 | 0401 | J | | CEASED NAME | FIRST | | MIDDLE | | AST | 20. DATE OF DEAT | | DAY YEAR | 26 HOUR |
| 7 | ay be age 3 death | | 1112 | | ther | | М. | Gad | OW | | 9/16/1 | 986 | 6:15PM |
| | ma) | | 3. SE | | | 4 RACE | | 5 DATE | | 6 AGE INYEARS LAS | T BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | ge 4 | | 1 | Female | 1000 | Whit | e | 9/ | 21/1899 YEAR | 8 | 6 YRS. | MONTHS DAYS | HOURS MIN. |
| | 8/62 | 1/1 | 7a. B | RTHPLACE (STATE OR FO | DREIGN : | | WHAT COUNTRY | 8 | | 9. BALTIMORE CIT | | OF DE ATH | |
| | 60 P | 20 | | aryland | | U.S. | | WIDOW | D NEVER MARRIED | Baltim | ore Ci | ty | MD |
| 1/0 | 5 | 101 | | ITY OR TOWN OF DEAT | гн | | HOSPITAL, NURSI | | OR OTHER INSTITUTION | 120 USUAL OCCUP | | | F BUSINESS OR |
| 5/1 | Soft | 16 | 1 | Baltimore | 1 | | Ley Home | | | Teach | | Publ: | ic Schoo |
| AND 2120 | hour Han | AX- | JsU | AL RESIDENCE (IF NURSIN | G HOME OR | OTHER INSTITUTION | | E ADMISSION) | | 1 | | | |
| d N | 2 630 | 20 | М | | | imore | Woodlaw | | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRE | | Rd. | 21207 |
| 3 | 4 1 | 112 | | ATHER'S NAME | | | LAST | | 15. MOTHER'S MAIDEN NA | ME | | | |
| MA | A pa | 200 | 1 | * 11131 | | ngton | Holland | 1 | Georgia | Anna | Smith | 1 LAS1 | |
| RE, | acotte | 200 | 16a \ | VAS DECEASED EVER II | U.S. ARA | MED FORCES? | | | 17. INFORMANT Balt: | | DRESS M | D 212 | 207 |
| BALTIMORE | × 10 | 12 | / | NO | (IF YES, GIVE | WAR OR DATES) | 215-01- | 9733 | Mr. Larry Loc | | | | |
| ALTI | te bu | 2 | - | 18 CAUSE OF DEATH | (Enter and | V 000 COUES DE | | | III. Hally Lot | Kilait oot | O DECUI | | MATE INTERVAL ONSET AND DEATH |
| | phys npag move | vent, | | PART I. DEATH WA | S CAUSED | BY E CAUSE (a) | Acuk | | cardial In | favetion | | | cuto |
| Z | ding | tic e | | | MMEDIAII | | | | -arajac 21 | Ference | | a | caro |
| PRESTON | trend re co | OE S | 1,0 | Canditians, if any, | which | DUE TO, C | R AS A CONSEQU | Lairy | arteny | Discuss | | Y4 | 2000 |
| 8 | he of motion | r fro | | gave rise to imme | ediate |) (0)- | | 1 | | | 17 | 1 | |
| 3 | by tose r | othe | | underlying couse | last. | DUE TO, C | O WHELE | os de | who Couls | vacular | Dien | 0 Ys | an |
| 201 | ped plea | 10.7 | | PART 2 OTHER SIGN | FICANTO | ONDITIONS C | | | NOT RELATED TO THE TERM | | ONDITION CIVI | ENLINI DADY 1. | |
| SDS, | sig Then to b | njor | Z | | | <u>_</u> | | 00. | NOT KEERIED TO THE TERM | WAL DISEASE ON C | DINDINON GIVI | ZIN IIN FAKT TIO | |
| AL RECORDS, | beer mit. | No The | CERTIFICATION | 190 DATE OF OPERATI | ON | 195 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES | , WERE FINDIN | GS USED |
| 2 | has has | 3 | IF. | 7.0 | | | | | | YES I NO | 5 | YING CAUSES | OF DEATH? |
| | N: The system of | 8 % | CER | 210. ACCIDENT WAS UNDE | RLYING | 216. TIME C | | | 21c. HOW INJURY OCCUR | | | | NO [] |
| OF. | A 4 4 1 10 | E4 | | OR CONTRIBUTING CA | | | | AY YEAR | | | | | |
| 20 | HYSICIAI Iding ph is certifu burial-tr Mental | or the | MEDICAL | 21d. INJURY OCCURRE | | 21e PLACE | .M. OF INJURY | 19 | 21f. LOCATION | | | | |
| DIVISION OF VIT | ond ond | ked | M | WHILE NOT WHILE | E 🗍 | (AT HOME ST | REET, FACTORY, OFFICE, | FARM ETC) | STREET | CITY O | RTOWN | COUNTY | STATE |
| ā | Afte of the se os | aor | 3 | 22a.t certify that (1) | | al) attended th | ne deceased from | 00 | 19.79 | ser | 7 16 | 0 86 | that $O(\sqrt{m})$ last |
| | ATTEN Spirol CTOR. of for us | 2] is | 1 | sow theblecouse | daline | 9-2 | 19 | ~// | | death accurred an th | | | |
| | | E | | 27h SIGNATURE | d) Idid not | view the bady | after death. | | DEGREE | | | 122c DATE S | |
| | the harter the pile pile pile pile pile pile pile pil | # # | | + Col | 0.0 | 6 | Value | - | ATTENDING S | MEDICAL S | TAFF | 9 1- | 7 - 8/2 |
| | | NA N | | 22d. PHYSICIAN S NA/ | WE (TYPE OR | PRINT | 1000 | 00 | 22e ADDRESS | DIRECTOR PHY | SICIAN | 1(-/) | 7-04 |
| | retained b TO FUNE should be with the S | ORI | 5 | RARA | 00 1 | I To | 08401 | 4.D. | 2817 R | olai D | 2 | 21231 | 6 |
| | of of shoot | IMPORTANT | 73- 5 | URIAL, CREMATION, R | EMOVAL | | | NAME OF F | De De | lau le | | | |
| | BP | 1 | 230. 0 | SPECIFY) | EMOVAL | 236 DATE | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| | | | 74 FI | Burial UNERAL DIRECTOR T | | 9-19- | | | Park Cemeter | y Woodlaw | n Ba | 1timore | MD |
| D | OHMH - 16 50M 1/ (VRA 15, 4) | /81 | | NAME LIC | oring | Byers | Funeral 1 | Direct | ors, Inc | F 1 9 1980 | AR 256 REGISTE | MEMONAU | JRE |
| | Real Lines | | 8 | 728 Liberty | Rd. | Randa | llstown, | MD 2 | 21133 | | | | |

| 0 (|) - | - | 9 | 2 |
|--|-----|---|---|---|
| | | Page 4 may be | ever director, page 3 | n. 22 hours ofter deoth |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after det. Page 4 may be retained by the hospital or attending objection. | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the 12 state to page 3 | should be detoched for use as the busiol-transit permit. Then please remove corbanopers. Pages fond 2 should be filled Author 22 hours ofter death to the Stote Date of Health and Manual Human account the Stote Date of Health and Manual Human account to business or removed. |
| | | TO HOSPITAL OF | TO FUNERAL DIE | should be detach |

| -19275 | 1. | FOR STATE REGISTRAR | DEPARTI | CERTIFICATE OF DEATH | TYGIENE & 6 | 25140 | |
|--|---------------|--|---|--|--|--|--|
| ge 3 | | CEASED NAME FIRST | MIDDLE | GAITHER | 20. DATE OF DEATH | 9 27 86 915 AM | |
| ge 4 moy ector, po rs ofter d | 3. SE | × M | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR 11 15 20 | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MÖNTHS DAYS HOURS MIN. YRS. | |
| S S S S S S S S S S S S S S S S S S S | | RTHPLACE (STATE OR FOREIGN COUNTRY) | US A | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITYO | R COUNTY OF DEATH MD. | |
| by the deline of | 10 C | TYPE TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | DOREST TO THER INSTITUTION | 12g USUAL OCCUPATION PE OF WORK FOR MOST O | F WORKING LIFE) INDUSTRY | |
| filled in lines in li | 13a. | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY) | | | 13e STREET ADDRESS | ZIP CODE ST TO 2/2/2 | |
| mpletely ond 2 sh | 14 F. | ATHER'S NAME FIRST FORGE | MIDDLE SKES | 15 MOTHER'S MAIDEN FIRST MOTIE | MIDDLE | HENDERSON | |
| n and co | | NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 16b SOCIAL SECU WAR OR DATES) 21613 | IRITY NO 17 INFORMANT | CA ITMER | Some | |
| physicia on papers emoval. | | PART I. DEATH WAS CAUSED | y one cause per line for (a), (b), on 0 BY. E CAUSE (a) | Statue Co. | Colon | APPRÖXIMÄTE INTERVAL BETWEEN ONSET AND DEATH | |
| that the death ceid by the offending ease remove corbinal, cremation, or ray or or or or other traumatics. | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE b) DUE TO, OR AS A CONSEQUE (c) | | | | |
| requires sen signe t. Then p or to bur y injury, | TION | | | 2 1 | MINAL DISEASE OR CONDITION GIVEN IN PART 110 | | |
| The low cion. | CERTIFICATION | 19a DATE OF OPERATION | | OPERATION WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | |
| SICIAN: ng physi certificat urial-tran tental Hy Item 18 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | P.M. | AY YEAR 1 | CURRED (ENTER NATURE OF INJUI | PY IN ITEM IB PART I OR PART 2) | |
| ING PHY r offendi | MED | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F | alalor | CITY OR TO | WN COUNTY STATE | |
| ATTEND ospital o | | saw the resource and above on above, | | | , 10 | te and hour and from the causes stated | |
| ITAL OR PAY THE HORRE RAL DIRECTOR IT THE COMMENT OF THE COMMENT O | | 22b. SIGNATUNE | ساحاك | DEGREE ATTENDING PHYSICIAN | | | |
| etoined by TO FUNERA should be de with the Stot | | J. OSLO | ron | South | Rollins. | re Greed Hyp | |
| BP | 1 | BURIAL, CREMATION, REMOVAL PECIFY) VI QU | | NAME OF CEMETERY OR CREMATOR | PK BOATE | my county 227 STATE | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24_F | MAN DELLA 4 6 | 5 638 horeg. | 1/mw/3/ 250. | DATE REC'D. BY REGISTRAR SFP 2.9 1986 | 256 REGISTRAR'S SIGNATURE | |

STATE OF MARYLAND



| N. Carlotte | 1 | | | STAT | E OF MARYLAND | | | |
|--|---------------|--|--|---------------------|---|--|---------------------------------|---|
| 0-19221 | | FOR STATE REGISTRAR Solme | Patricio | | EALTH AND MENTAL HYD | REG. NO | | 4 4 |
| 2 04 | | CEASED NAME FIRST SOLMA | Patric | 1/a G | alla | 20. DATE OF DEATH | 9 22 | 86 0741 Am |
| the same | 1.5E | Female | affite | S. DATE C | | 6. AGE IN YEARS LAST BIR | (HDAY) IF UNDER MONTHS YRS. | R I YEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| Jean Po | Ва | Ito.Md. | S S S | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | Baltimore City o | _ | ATH MD. |
| 138 | Ва | Itimore | University | HOS. | DR OTHER INSTITUTION | 120 USUAL OCCUPATION OF WORK FOR MOSTO | | kind of Business or USTRY Hercy Hospita |
| 2 (1 A) 3 | 13a | at residence if nursing one or or that a state of the sta | TY 13c CITY O | RTOWN | 13d. INSIDE CITY LIMITS? YES NO | 2512 Green | zip code e Rd. 2 | 21@13 |
| ample ond | 4 | ather's name Alexander | Wisni | iewski | Antoinett | | Pawl | ak ^{last} |
| be execut | | | WAR ORD THESE | 34-1087 | Mr. Robert A | . Gallo, _{Ba} | | reene Rd. |
| ertificate b ig physicia banpapers, remaval. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | y one cause per line for (a) BY: E CAUSE (a) | Remin | Vory Fair | lieu | - | APPROXIMATE SHEEVAL ETWEEN ONSET AND DEATH |
| ING PHYSICIAN: The law requires that the death certificate be executed within 24 hairs rather displays physician. The state certification been signed by the attending physician and complete the certification of the serial state burial-transfer permit. Then please remove co-ban papers. Pages 1 and the and Mental Hygiene prior to burial, cremation, or removal. The state of the st | No | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO | DUE TO, OR AS A COM DUE TO, OR AS A COM (c) ONDITIONS CONTRIBUTIN | USEOU POP | Non lym | Solutie J. | CUALIMA DITION GIVEN IN P | ART Ito |
| on. has been t permit. I ene prior | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | FINDINGS USED AUSES OF DEATH? |
| PHYSICIAN: The ic ending physicion. this certificate has be builditronsit per ad Mental Hygiene d or them 18 shows | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONT P.M. | TH DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR P | PART 2) |
| DING PHYS or attentis a After this a e as the bur olth and Me | MEDICAL | 21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn cou | UNIY STATE |
| TTEND pital a TOR: A far use of Heal | | 27x I certify that (I) (this hospite saw the special dive on above (II) (we fiding did not | ol) attended the deceased 92286 | from | 14 , 19 86 and that in (my) (our) apinion | death accurred on the do | 2, 19_01 ite and hour and fr | , that (1) (we) lost rom the causes stated |
| PITAL OR A by the hoss the hoss the hoss the hoss than the hoss than the hose detached State Depti- | 1 | 77% SIGNATURE | mellin T | M | | MEDICAL STAP | F | 09228/ |
| TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: IMPORTANT: IF | | M. HUSSTIN | 11 | | 22e ADDRESS Universi | ty Hos. Bal | to. Md. | |
| BP | | BURIAL, CREMATION, REMOVAL BURIAL | 9-25-1986 | | emetery or crematory ew Mem. Park | 23d LOCATION CITY OR TOWN Fallston | Harford | ry STATE |
| DHMH -)6 60M 7/84 (VRA 15, 4) | | uneral director F.Lassahn,11750 | Belair Rd.Ki | ngsville. | Md.21087 | E REC'D. BY REGISTRAR | 25b. REGISTRAR'S S | IGNATURE |

| L | 1 | | | ^ | STAT | E OF MARYLAND | | - | 10 1 | |
|---|---------------|------------------------|---------------------|-------------------------|--------------------------------|-------------------------------|-----------------------------|------------------|---|---------------|
| T | 1 | FOR | | | DEPARTMENT OF | REALTH AND MENTAL H | YGIENE 👸 🔘 | La | 2 1 3 |) U |
| 00 10007 | 1. | STATE REGISTRAR | | | CERTI | FICATE OF DEATH | 250 11 | | | |
| 00-18667 | LDE | CEASED NAME | FIRST | MIDDLE | | IASI | REG. N | MONTH DAY | YEAR 75 H | HOUR |
| 0.5 | | | - | - | | 6/2 | 20. DATE OF BEATT | 9 1 | 01 4 | 32 |
| noy be page 3 | | (| carl | | 60 | mole | | (/3 | 00 10 | PM |
| ou ad | 3. SE. | X | 4. RAC | Œ | | OF BIRTH | 6. AGE TIN YEARS LAST BIR | | | NDER 24 HRS |
| 4 off | | Male | 234 | Black | MONI | H DAY YEAR | 69 | | THS DAYS HOU | ORS MIN. |
| ogo ogo | 7 0 | RTHPLACE ISLATE ORF | | | | 13 11 | 2. BALTIMORE CITY C | YRS. | DEATH | |
| 4 5 A B | | IRTHPLACE STATE OR F | OREIGN /b. CTI | IZEN OF WHAT CO | MARRI | D NEVER MARRIED X | XX BALTIMORE CITY | K COONTT O | O L | |
| 1 2 3/ | 100 | Springf | ield. | Tenne. | II. S. AWIDOW | ED DIVORCED | | more (| 174 | MD. |
| 2 3 P 15 | 10 C | ITY OR TOWN OF DEA | TH 11. N | AME OF HOSPITA | L, NURSING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126. KIND OF BUS | SINESS OR |
| 5 / f fo fo/ | | Baltimor | | NOT IN SUCH FACILITY, | GIVE STREET ADDRESS) | | (TYPE OF WORK FOR MOST O | | INDUSTRY | |
| 120 purs | 4150 | AL RESIDENCE (IF NURS | | INICTITUTION CIVE DESID | A A I | | retire | a1 | | |
| N E 70 | | STATE | 136. COUNTY | | Y OR TOWN | 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | | |
| NN Paris | | Md. | Non | e | Baltimor | YES NO | 2620 Sh | irlev | Ave. 2 | 1215 |
| YLA Z sh | 14 FA | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN N | IAME | 572010 | 110000000000000000000000000000000000000 | |
| × 2 0 m E | | FIRST | MIDDLE | | LAST | FIRST | MIDDLE | | LAST | |
| | | | <u>Gambel</u> | onerea lui co | | Hattie | Unkn | OWN | | |
| dico es | | VAS DECEASED EVER | IN U.S. ARMED F | | CIAL SECURITY NO. | 17. INFORMANT | ADDR | . 33 | | |
| BALTIMORE, | | es | | 450 | -42 - 5786 | Rev. Agne | ss Austin. | 2620 | Shirle | y Ave |
| B 6 5132 | | 18 CAUSE OF DEATH | H (Enter only one | | | , | | | APPROXIMATE I | INTERVAL |
| | | PART I, DEATH W | AS CAUSED BY: | | 1. | 2 a conjuntation | America + | | DETWEEN ONSET | ANDDEAM |
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| of of other | | THE REAL PROPERTY. | C | UE TO, OR AS A C | ONSEQUENCE OF | . / | 1 | | | |
| EST dept | | Conditions, if any, | which (| (6) | Myocar | dial In | tarcT. | | 1 144 141 | |
| PRESTON he death a mother rroumation | 132 | gave rise to imm | | | | | | | | 25-30 |
| the the | 100 | underlying cause | | UE 10, OR AS A C | ONSEQUENCE OF | | | | - FEE 120 | |
| or or o | | | , | (c) | | | | - | | |
| S, 2 sires an p bury | 7 | PART 2 OTHER SIGN | VIFICANT COND | ITIONS <u>CONTRIBU</u> | TING TO DEATH BU | NOT RELATED TO THE TE | RMINAL DISEASE OR CON | IDITION GIVEN | I IN PART I a | |
| RECORDS. Ibw requi | CERTIFICATION | | | | | | | | | 1 |
| ECO Dw r Drio Drio | 13 | 190 DATE OF OPERA | TION 1 | 96 CONDITION FO | OR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? | | VERE FINDINGS | |
| ws nee la | Ē | SCHOOL STREET | ALC: 125.3% | | | | YES T NOT | YES | NG CAUSES OF D | O |
| VITAI | - = | 210. ACCIDENT WAS UND | ERIVING [] 2 | Ib. TIME OF INJUR | Y | Tale HOW INJURY OCCI | JRRED (ENTER NATURE OF INJU | | | |
| | | OR CONTRIBUTING | | | ONTH DAY YEAR | | SINCE (EMIERIANIONE OF PARE | INTERNAL TO TAKE | (OR FARE 2) | |
| SICIA ng ph certifi riol-tr | S | (IF EITHER NOTIFY MEDI | | P.M. | 19 | | | | | 72% by |
| D HY | MEDICAL | 21d. INJURY OCCURE | | e. PLACE OF INJU | RY DRY, OFFICE, FARM, ETC.) | 211 LOCATION | CITY OR TO | OWN | COUNTY | STATE |
| DIVISION OF NG PHYSICIA offending pi | X | WHILE NOT WH | HLE | AT HOME STREET, FACTO | DRY, OFFICE, FARM ETC.) | 1 | | | | |
| DIV ON STREET | | 22a.1 certify that (1) | | tonded therefores | ad from | 9/5/ 108 | 6 9/1 | 5 10 | 80 that | (I) (we) last |
| H E SS | | sow the decease | - | 9/5 | 000 | ind that in (my) (aur) apinio | a death accurad as the d | ata and have a | | - |
| Spirit Spirit | | abave, (1) (we) (a | did) (did nat) view | the bady after de | | | an ocom accorred an me o | are and naor a | | |
| OR he he | 100 | 226. SIGNATURE | 1 | 1, 1 | _ / | DEGREE | | | 220 DATE SIGN | IED/ |
| AAL DI deroch pote De Di Fil. F. H. H. | | 11:16 | En & | heada | Tink | ATTENDING PHYSICIAN | MEDICAL STA | CIAND | 9/15/ | 15.6 |
| AA Sod AA | 1 | 22d. PHYSICIAN'S NA | AME (TYPE OF PRINT | | 1201- | 22e ADDRESS | 1 | | 1 // / | |
| THE THE | | 1.11 | 1 | Lacad. | Tout To | 4 Man | toi - C | + | | |
| TO HOSPITAL reformed by th TO FUNERAL should be detr with the Store MPORTANT: II | _ | 641/16 | YMO M | be suca - | -Terk Jr | 1 / 101 | raight co | CIVI | | |
| 7 6 7 8 7 | | BURIAL, CREMATION, | REMOVAL 236 | DATE | 23c NAME OF | CEMETERY OR CREMATOR | Y C3d. LOCATION | | OUNTY | STATE |
| BP | | | | 9/19/86 | M+ 5 | ion Cemete | | | Marvlan | - |
| | 24 F | Ruria UNERAL DIRECTOR | | 2/12/00 | | | ATÉ REC'D. BY REGISTRAR | | | |
| DHMH - 16 60M 7/84 | | NAME | | | ADDRESS | the Ave SE | | | , 14 | |
| (VRA 1S, 4) | I. | aw Funera | al Home | 4611 P | ark Heid | hts Ave JC | L 1 0 1300 | | | |

13081-69

| 3 19710 | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 6 2. REG. NO. | 5 1 5 |
|--|--|---|--|---|--------------------------------------|
| 2 mg | 1. DECEASED NAME FIRST (TYPE OR PRINT) ELIZA | ABETH M. | GARDINER | | 19 86 26. HOUR 47 |
| ge, a ma ecfor, po rs other e | FEMALE | 4 RACE WHITE | 5. DATE OF BIRTH MONTH DAY 8 12 1895 | 6 AGE (IN YEARS LAST BIRTHDAY) 91 YRS | IF UNDER 1 YEAR IF UNDER 24 HRS |
| - 4 TH | BIRTHPLACE (SEATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WHAT COUNTRY U.S.A. | | Baltimore City or County | |
| 3 | Baltinore | NAME OF HOSPITAL, NURS | Itsmire General Hos | 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOSE/OF WORKING LIF HOmemaker | 12b KIND OF BUSINESS OR INDUSTRY |
| MORE MARYLAND 212 executed worthis 24 hour frogen/med 2 should be 4 medical exeminer metables | Maryland Ba IN FATHER'S NAME FIRST David 160 WAS DECEASED EVER IN U.S. A | ltimore Catons MINDIE Reindo | VILLE YES NO ST. 15. MOTHER'S MAIDEN NA FRIST Ollar Eugenia URITY NO. 17. INFORMANT | 13eSTREET ADDRESS / 7IP CODE 515 Charing Cros | ss Rd. 21229 Norman |
| 35, 201 W. PRESTON ST., BALT pires that the death contricate b lighted by the absorbing physicia on please remove carbon appert a buriel, cremation, or removal. pay, or other troumatic event. The | PART I. DEATH WAS CAU' IMMEDI Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN' | DUE TO, OR AS A CONSEQUENCE (c) | JENCE OF SIS | ocichian | BRIWEN ONST HEND DEATH M. ALTW |
| The low-red circle. In for been the permit The general The low-red forms prior to the | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | H OPERATION WAS PERFORMED | YES NO NO YE | 40 |
| DIVISION OF VI ENDING PHYSICIAN of or otherdring physics B. After this service use on the bundation fearlift and Membal Hy fearlift and Membal Hy | OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (1) (this hos | DEATH DEATH P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Spitol) ottended the diseased from | DAY YEAR 19 211 LOCATION SIREE1 | CITY OR TOWN | COUNTY STATE 19 , that (1) we) lost |
| O HOSPITAL OR ATTI toched by the hospital O FlyeERAL DIRECTO hould be dehached for the he Start Dear of ADORTANT, if then 21 | saw the deceased olive to obove, (1) (we) (did) (did) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (17P) | E OR PRINT) | DEGREE ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN HANDEL | 221. DATE SIGNED |
| 51 5413 | 23a BURIAL, CREMATION, REMOVA | AL 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE |
| BP | Burial | 9/22/86 | rinity Luth. Ch. C | em. Tawneytown C | Carroll Md. |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 24 FUNERAL DIRECTOR NAME Hubbard Funeral | Home, Inc. 4107 | 21229 | EP-22 1986 | RAR'S SIGNATURE |

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page 3

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 25152

A. MARKET

| | age 4 | director |
|--|--|--|
| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the interpretation is be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the interface of con and Lampletely filled in by the funeral direction should be tacked for use of the burial transit permit. Then please removement of the Special Condition of Hacilta cash and American and American Conditions of Hacilta cash and American Conditions of Hacilta cash and according to the permit of the Conditions of Hacilta cash and according to the Conditions of Hacilta cash and the Con |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | G PHY: | the bu |
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| | TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. | RECTC hed for |
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DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 2g. DATE OF DEATH MONTH 2h. HOUR TYPE OR PRINTS VIRGINIA GARRETT SEPTEMBER 1 1986 5:45 aM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female Black 6 24 23 63 YRS TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA WIDOWED DIVORCED Baltimore Citu 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1134 COUNTY 113, CITY OR TOWN 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Baltimore 2329 Bryant Avenue YES X NO I 21217 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Claude Crowell Eva Andrews 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 215-18-7498 No Cleophas J. Garrett 2329 Bryant Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 25 Min 18. CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Respiratory, Insufficiancy 2hours 20 min Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Esophogeal, Carcinomia Duodenal Carcinoma underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a I certify that (Withis hospital) attended the deceased from July 86 September saw the deceased alive on September 1, 1986, and that in KX (aur) apinion death occurred on the date and have and from the causes stated above, (X we) (did) (AXX) view the body after death. 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS c/o Maryland General Hospital 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY Burial 09/04/86 Garrison Forest VA Cem Owings Mills MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Wm. C. March F/H, Inc. 1101 E. North Avenue

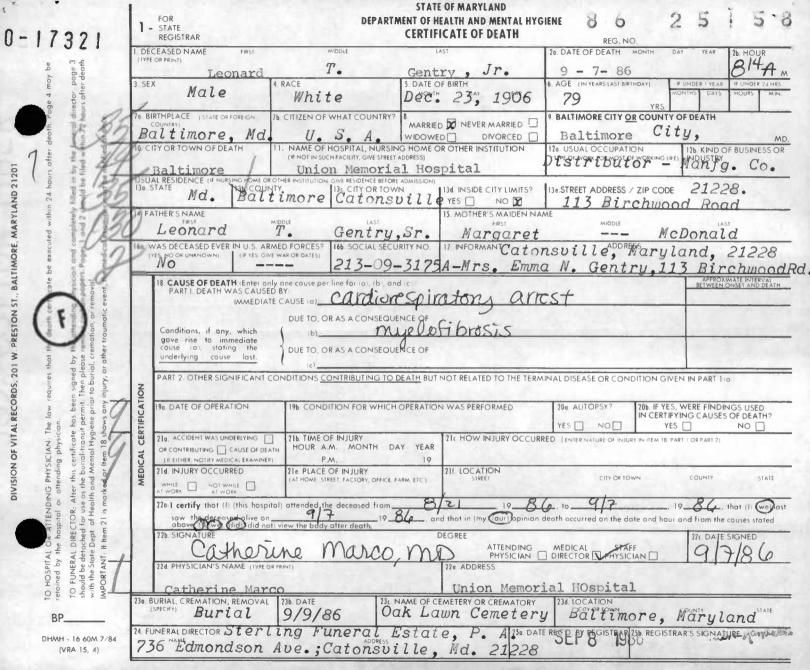
| | | | | | | | | MARYLAND | | | |
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| | | 1- | FOR STATE | | | | | H AND MENTAL | HYGIENE | 9 5 | 1 5 3 |
| 0 - 1 | 0000 | L' | REGISTRAR | | MED | DICAL EXA | MINER'S | CERTIFICATE | OF DEATH REG. N | 10. | 1 9 0 |
| 0 - 1 | 3003 | | CEASED NAME PE OR PRINT) | FIRST | | MIDDLE | | LAST | 20. DATE KNOWN | MONTH | DAY YEAR 26. HOUR |
| | 38.5.8 F. | (111 | | Morris | | | Ga | rv | OF ESTI- DEATH MATED | ₩ 9-24 | 4 19 86 M |
| | A S H S H | 3. SE | | | DATE OF BIRTH | | E (IN YEARS IF | JNDER 1 YR. IF UNDE | | MONTH | DAY YEAR 24 HOLIR |
| | N S H S | , | M. | D | MONTH DAY | | | NTHS DAYS HOURS | MIN PRONOUNCED DEAD | 9-20 | 5 19 86 p. M |
| | SAR ALD | 70 B | M IRTHPLACE (STATE OR | В | 11 15 b. CITIZEN OF WH | | 53 YRS. | | 35 9 BALTIMORE CITY | OR COUNTY | |
| | N N N N N N N N N N N N N N N N N N N | FC | N.C | 17772 | U.s.a | | WIDO | | CED 🗆 Baltimo | | 1.10 |
| P. / | に記事の | 10. C | ITY OR TOWN OF DE | ATH | 11. NAME OF HOSE (IF NOT IN SUCH EAC | | | THER INSTITUTION | 120. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) | PE OF WORK 121 | N. KIND OF BUSINESS OR INDUSTRY |
| of | ALAFA | B | altimore | | | Chapel | | | Long Shorema | n | |
| 21201 | IF ANY DELAY IS NECESSARY, PLEASE 3. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL RECORDS. 201 W, PRESTON STREET, | USU. 13a. S | AL RESIDENCE (IF IN N SLATE Maryland | 13b. COUNTY | OTHER INSTITUTION, GIV | | ADMISSION) | 134 INSIDE CITY LIMITS? | 13.4102 Maine A | ve. 2 | 1215 |
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| DIVISION OF VITAL RECORDS. 201 W. PRESTON ST., BALTIMORE, MD. | URS AFTER DEATH. 8. GIVE PAGES 1. RM TO THE WAND TO THE WAND DIVISION OF WITH | () | YES, NO, OR UNKNOWN) YES | (IF YES, GIVE W | AR OR DATES) | | 84826 | Audrey | Jones 4102 Main | | 21215 |
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| 25M | | 24 F | UNERAL DIRECTOR | | | | | 25a, DATE | REC'D. BY REGISTRAR 256. REC | | NATURE |
| | DHMH - 17 (VR A15 ME (5)) | | Win. C. March | n Funer | al Homess | nc. 110 | I E. No | orth Ave.OC | T 0 1 1986 | المشاد | Bron & i |
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| DRE. MC | P S S S S S S S S S S S S S S S S S S S | | James James | | WIDDLE | | skins | | f | R'S MAIDE | NAME | WIDDLE | | | Imes | |
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2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

(VRA 15, 4)

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| O HOSPITA Proinced by O FLINERA Novid be de With the Stote | | KENT E. K | KESTER , | MD | | 195NE ST. BAL | TOCICON SHOW |
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| (VRA 15, 4) | N | larch Funeral Hom | ne West 4300 Waba | ish Avenue | 17 | 00-00 | |



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STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-Samue] Geppi DEATH MATED 9-5 1986 3 SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 6:17 DATE YEAR LAST BIRTHDAY PRONOUNCED 24 70 YRS Male White -16DEAD 1086 a . M In BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City, IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Retired OR INDUSTRY Baltimore Bon Secours Hospital Handyman 13b COUNTY 13e STREET ADDRESS Maryland 508 S. Smallwood St. 21223 14. FATHER'S NAME MIDDLE Rosario Geppi Geopi Rosalie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Joppa Md.21085 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Rosario Geppi 436 Haslett Rd. WW 220-05-7240 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES [] NOXX 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WORLE PAGE 4 SHOULD BE FORWARDEL

TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN COUNTY STATE Inspection XX 220 I certify that trook charge of the remains described above, held on Autopsy and in my opinion Network equipms X Homicide Undetermined monner Assistant MEDICAL EXAMINER 9-5-86 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

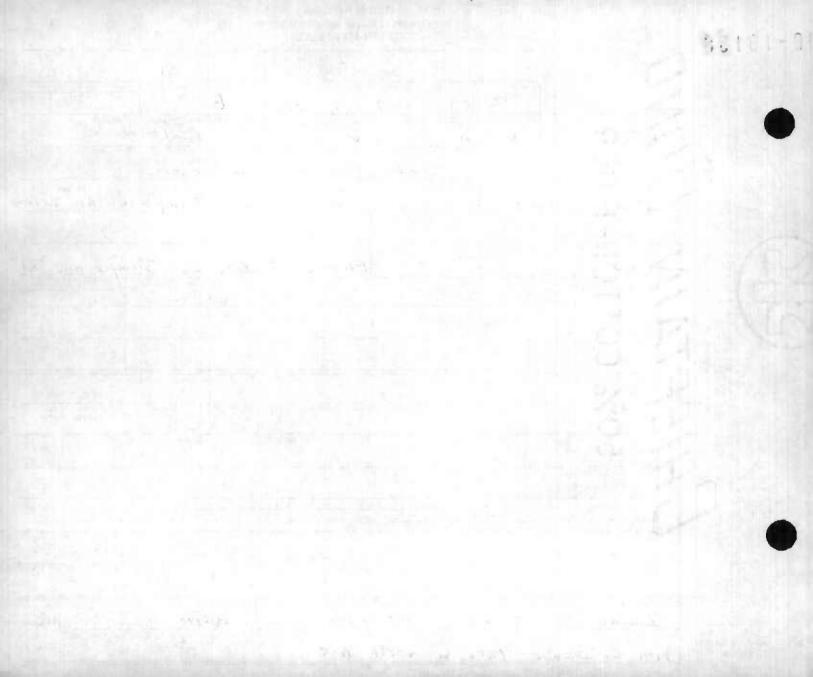
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| O P O | mor | | 22a.1 certify that (1) (this | hospital) attended t | he deceased from | n Avan | + 31 19 86 | to September | 15,19 86 | that (I) (we) last |
| TTEN Pritol TOR. | of He 21 is | | sow the deceased alivabove, (I) (we) (did) d | re on Septem | ber 15 19 | 86 0 | nd that in (my) (our) opinion | | | |
| OR A bose hos | tept. | | 22b. SIGNATURE | 7 | y oner deom. | 1140 | DEGREE | | 22c. DA | TE SIGNED |
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| uneral di hin 22 ha | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUN | MARRIE | | 19. | altimore | MD. |
| ours in by the fun se filed within | 1 | BAI +0. | | Lhades | GENERAL | 120 USUAL OCCUPATION OF POR MOST OF DOMEST | WORKING LIFE) INDUSTRY | OF BUSINESS OR |
| hour hour hour hour hour hour hour hour | 4 130 | AL RESIDENCE (IF NURSING HOME OR STATE 135 COUN | OTHER INSTITUTION, GIVE RESIDENCE | E BEFORE ADMISSION) R TOWN | YES NO | | ZIP CODE mper Hole A | d 21108 |
| omplete with | 7 | La Known | MIDDLE LA: | | 15. MOTHER'S MAIDEN NAM | MIDDLE | | AST |
| be execu | | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL E WAR OR DATES) | SECURITY NO. | Florence J | ADDRES | O Jumper | |
| g physici an paper remaval. event, th | 1 | 18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDIAT | ly ane cause per line far (a), (D BY: E CAUSE (a) | Home C | of lunc |) with | APPRO BETWEEP | OXIMATE INTERVAL NONSET AND DEATH |
| that the death of by the attendiness remaye carling, cremation, or ar other traumatin | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) | | Preummia | | | |
| requires the signed at the ple or to burion y injury, or | NOIL | 1 | il use. | | | | | |
| he law an. has be r permi | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR V | /HICH OPERATIO | do la | 200 AUTOPSY? YES NO NO | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | S OF DEATH? |
| YSICIAN: T ding physici is certificate burial-transi Mental Hygi | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | | H DAY YEAR | 21¢ HOW INJURY OCCURRI | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2) | |
| MG PH offer the os the b th and p | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY C | OFFICE FARM ETC) | STREET | CITY OR TOW | VN COUNTY | STATE |
| OK ATTENDION of the haspital or the haspital or DIRECTOR. A sacked for use Dept. of Heal if them 21 is m | | 220.1 certify that (1) (this hospir sow the deceased alive on above, (1) (we) (did) (did no | 9-18- | 19 86, a | nd that in (my) (aur) apinian d | eoth accurred an the da | | |
| ITAL OR A boy the horself RAL DIRECTOR of the detached state Dept. If them | 1 | 226. SIGNATURE R-M-Sho | | | ATTENDING PHYSICIAN | MEDICAL STAFF | AN 0 9- | IS-86 |
| TO HOSPITAL (etbined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If | | | SHAH. M. | | | m. en | C. C. | |
| BP | - | BURIAL, CREMATION, REMOVAL | 23b. DATE 9-23-86 | | Zion | 23d LOCATION CITY OR TOWN BAITS | COUNTY | MASTALE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 2 | UNERAL DIRECTOR | 1206 Ld | RESS NOTE | | SEP 215 198 | REGISTRAR'S SIGNA | TORE |



Ner. 21, 1209 E 70 Virginia Honor Ish Cont 008 3 the common of th Lottol TUE .W doseol 218 74 UESK Longinio Cipiero, - Earle Far spital we I I I I Hann V. Janine Both Co.

about York Road Balto., No 1 21212

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86 25164

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

· Davidson Markine

| | '- | REGISTRAR | | | | CERTIF | ICATE O | DEATH | | RE | G. NO. | | | | |
|---|---------------|--|---------------|------------------|-----------------------|-------------------|---------------|--------------|----------|-----------------------|-------------------|-------------|-----------------------|------------|----------|
| | | EASED NAME | FIRST | | MIDDLE | - L | AST | | - 2 | a DATE OF DEA | TH MONTH | | | | |
| | (TYPE | OR PRINT) | Samue1 | | Joseph | G | iorda | no, Ji | | | ptembe | r 18, | 1986 | | in |
| | 3 SEX | | 1 | RACE | | S. DATE C | | YEAR | 100 | AGE (IN YEARS L | AST BIRTHDAY) | MONTHS | ER I YEAR | IF UNDER | R 24 HRS |
| | | Male | | WI | nite | June | 3 | 1929 | - 1 | | 57 YRS | 5 | | | |
| 7 | | CINTRY) | FOREIGN 7 | b. CITIZEN OF | WHAT COUNT | RY? 8 | NEVE | R MARRIED | 9 | BALTIMORE C | ITY OR COUN | ITY OF D | EATH | | |
| 2 | | ryland | 200 | USA | | WIDOWE | | DIVORCED | | Baltin | nore | | | | MD. |
| ğ | 10 CI | TY OR TOWN OF DEA | ATH 1 | | HOSPITAL, NUI | RSING HOME C | ROTHER | 1ST ITUTION | | TYPE OF WORK FOR | UPATION | | KIND OF | F BUSINE | ESSOR |
| 1 | F | Baltimore | - | 1 | gnes Ho | | | | 1.3 | Manager | | | esti | ngho | use |
| | JOUA 13a S | L RESIDENCE (IF NURS | ING HOME OR C | THER INSTITUTION | | EFORE ADMISSION) | 134 INSID | CITY LIMIT | | s STREET ADDR | DESS / 7IP CC | | | 3 | |
| 5 | | ryland | A A | _ | Glen B | | YES [| NO 🔀 | | 350 Mae | | 2106 | 1 | | |
| 6 | JA FA | THER'S NAME | | UDDLE | LAST | | 15 MOTHE | R'S MAIDE | NNAME | | DLE | | LAST | | |
| q | 1 | Samuel | | J. | | ano, Sr | . A: | ntoine | ette | Mile | ott. | | Shar | | |
| 9 | | AS DECEASED EVER | | | 166 SOCIALS | | 17 INFOR | MANT (V | Vife |) ^ | ADDRESS | 30 | | 57 | |
| - | 1 | Yes | Kor | ean | 213.26 | .6579 | Mrs. | Maria | a Gi | ordano | Same | as 1 | 3 | | |
| 4 | | 18 CAUSE OF DEAT | H (Enter anl | y ane cause pe | er ling flor (o), (b, | and 1c | | A | , | | | | APPROXIA BETWEEN O | MATE INTER | PVAL |
| | | PART I. DEATH W | | BY: CAUSE (a) | Venl | a Coron | my I | romb | 1020 | 0 | | | Law | me | meter |
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| | | Conditions, if ony | , which | (ib) | the ! | habite | ,)~ | lare | us | | | | 4 | yea | ~ |
| | | gave rise to important to gave (a), statis | | DUETO | OR AS A CONSE | OUENCE OF | | | | | | | 5 | 621 | 0 |
| | | underlying couse | tost | (10) | | typete | endre | ~ | 930 | 5.41 | | | | 1 | |
| | | PART 2 OTHER SIG | NIFICANT C | ONDITIONS C | ONTRIBUTING | TO DEATH BUT | NOT RELA | ED TO THE | TERMIN | AL DISEASE OR | CONDITION | GIVEN IN | PART 110 | 1 | |
| | CERTIFICATION | | | | | | | | TV I | | | | | | |
| 1 | CAT | 190 DATE OF OPERA | TION | 196 CONI | DITION FOR WH | HICH OPERATIO | N WAS PER | FORMED | NV- | 200 AUTOPSY | | | CAUSES | | |
| | E | | 134 | 100 | | | | | | YES NO | | YES 🗌 | | NO [| |
| 1 | | 21a. ACCIDENT WAS UN | 1 | LIGHT ! | OF INJURY | DAY YEAR | 21c HOW | INJURY O | CCURRE | O (ENTER NATURE | OF INJURY IN ITEM | 18 PART I O | R PART 21 | | |
| 7 | CAL | (IF EITHER NOTIFY MED | | | P.M. | 19 | | | | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | RED | | OF INJURY | FICE FARM ETC) | 211 LOCA | TION | | CIT | ORTOWN | C | YINUO | | STATE |
| | 2 | AT WORK NOT W | HILE DRK | | | | | | | | | | | | |
| | | 22a I certify that (1 | | al) attended/1 | he deceased fro | am 🕢 | | , 19 | | _, ta | | 19 | | that (I) (| |
| | -3 | saw the deceos abave, (I) (we) (| | view the bod | | 19 <u>86</u> , ar | nd that in (r | iy) (our) op | inion de | ath accurred an | the date and | | | | |
| | | 22b. SIGNATURE | 1 100 | 2 _ < | | - 030 | DEGREE | ATTENIOU | NC. | MEDICAL | STAFE | 2 | 120 DATE | SIGNED | 121 |
| | | 10 | 5/4 | 7 | 1 | | | | AN X | MEDICAL DIRECTOR P | HYSICIAN [| | 9/1 | 191 | 86 |
| 1 | | 22d. PHYSICIAN'S N | AMI (TYPE OF | PRINT) | | | 22e ADD | | | | | | | | |
| | | Dr. F | aul Cl | nang | | | 801 | Crain | Hig | hway, G | | nie, | Md. | 21 | 1061 |
| | | SURIAL, CREMATION | , REMOVAL | 23b. DATE | | 23c NAME OF C | | | | 23d LOCATIO | | cou | | | STATE |
| | | Buria | 1 | Sept 2 | 2, 1986 | Meadow | ridge | Mem. | Park | Elkric | ige | How | | Ma | ryla |

Singleton Funeral Home Glen Burnie, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and co should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws ony

24 FUNERAL DIRECTOR

ENDING PHYSICIAN: The low requires that the death certificate be

TO HOSPITAL

BP.

66-16954 Comments: Mitchell at 410-764-3187 o not found on this or any in Baltimore. If you have certificates have been pro-The list on this paper o

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | | | the |
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| | - | , | TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter d |
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retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director page 3 CO should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

With the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MINDORTANT: If them 21 is marked as Item 18 shows gay, injury, or other troumatic event, the medical examiner mast be paying at once.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| 8 | 6 | 2 | 5 | 1 | 6 | |
|---|---|---|---|---|---|--|
| | | | | | | |

| 1 - | STATE REGISTRAR | | | DEFARIN | CERTIF | ICATE OF DEATH | OIENE | REG. | NO. | | |
|-----------------------|------------------------------|---|---|--|------------|---|----------------|-------------------------|-----------------|--|--|
| | CEASED NAME | FIRST | A | AIDDLE | ı | AST | 2a. DAT | E OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| (TYPE | OR PRINT) | Carrie | S | W. G | oing | 5 | Sep | tember | 27, | 1986 | 11:14PM |
| 3. SE | X | 4. | RACE | | 5 DATE C | | 6 AGE | (IN YEARS LAST I | BIRTHDAY) | MONTHS DAY | |
| | Female | 2 | Bl | ack | MONTH 9 | 03 1929 | 57 | | YRS | | , ,,,,,, |
| | RTHPLACE (STA | TE OR FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | D X NEVER MARRIED | | | | TY OF DEATH | |
| | . Carol: | ina | U. S. | A. | WIDOWE | | Ba | ltimon | e Ci | ty | MD. |
| 2.00 | ITY OR TOWN O | F DEATH 11 | NAME OF | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | | VORK FOR MOS | | | OF BUSINESS OR |
| Ba | altimore | e 1 | Maryla | nd Gener | al | ospital | | | | | ng Company |
| Ma | ryland | 13b COUNTY | HER INSTITUTION. | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor | | 13d. INSIDE CITY LIMITS? YES 📉 NO 🗌 | 13e STRE | ET ADDRES | S / ZIP CO | | athedral |
| 14 FA | THER'S NAME FIRST | MIC | POLE | Clinto | n | IS MOTHER'S MAIDEN N FIRST Alberta | | WIDDLE | | Day | ris |
| | | EVER IN U.S. ARME | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | 514 AD | brest | Avenue | 2 |
| (1) | YES, NO OR UNKNOW | N) (IF YES, GIVE W | AR OR DATES) | 216-34-6 | 740 | Alice B. Car | rter | Cincir | mati, | Ohio 4 | 15229 |
| | 18 CAUSE OF E PART 1. DEA | DEATH (Enter only TH WAS CAUSED I IMMEDIATE (| CAUSE (a) | ardiac A | rrhy | • | | | | SETWEE | DXIMATE INTERVAL IN ONSET AND DEATH |
| NOI | | immediate stating the cause last. | DUE TO, OI | ONTRIBUTING TO D | Vasc | ular Disease | RMINAL DIS | | NOITION | GIVEN IN PART | tia |
| TIFICAT | 198 DATE OF O | PERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a A | UTOPSY? | | YES, WERE FINI TIFYING CAUS YES [] | |
| MEDICAL CERTIFICATION | OR CONTRIBUTING | AS UNDERLYING CONTROL CAUSE OF DEATH | 216. TIME O HOUR A. P. | M. MONTH DA | YEAR | 216 HOW INJURY OCCU | JRRED (ENT | ER NATURE OF IN | JURY IN ITEM | 18 PART I OR PART 2 | 2) |
| MEDI | VHILE AL WORK | CURRED | 21e. PLACE ((AT HOME STR | OF INJURY REET FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | | CITY OR | IOWN | COUNTY | STATE |
| | 220.1 certify the | ot*() (this haspital eceased alive an S | attended the name of the name of the name of the bady | e deceased fram S er 27 19 8 after death. | epter | mber 5 , 19 80 and that in (D (y) (our) opinion | | Septer | | | |
| | 776 SIGNATOR | Kond | ull | 2 | | DEGREE ATTENDING PHYSICIAN | MEDIC DIREC | CAL ST | AFF SICIAN [| 22¢ DA | TE SIGNED |
| | LA | RONI | DELL | F | | c/o Maryla | | | Hos | pital | |
| | | urial | | 2/1986 Ced | dar H | ill Cemetery | | OCATION CITY OR TOWN | | | Maryland |
| | | | | BALTIMORE | | | ATE REC'D | 3 1986 | 2 | ISTRAR'S SIGN | No. |

DHMH - 16 60M 7/84 (VRA 15, 4)

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F 1788 C and Call of the Committee C

DEC. S. Of Windfill ... man 1 DAS ... INDIVIDUE

| 10-18271 | , | 1- | FOR STATE REGISTRAR | | DEPARTA | | CATE OF DEATH | | REG. NO. | 3 | 0 0 |
|---|--------------|---------------|--|---------------------------------|--------------------------------------|------------|-----------------------------|---|----------------------------|--|----------------------------------|
| noy be poge 3 | 9 | | CEASED NAME FIRST OR PRINT) Bessie | | MIDDLE | 60 | ld | 2a. DATE OF DE | | AY YEAR + 86 | 26 HOUR 4:30 PM |
| ecter po | ~ | 3. SE) | / FEMALE | 4 RACE | HITE | S. DATE O | F BIRTH 1890 | - 96 AGE (IN YEAR) | YRS. | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| 034 | 17 | | RTHPLACE I STATE OR FOREIGN RUSSINS A | 4 | WHAT COUNTRY? | WIDOWE | | Ba | OF COUNT | dy | MD. |
| 201 Sty the 1 Fled with | 10 | | Balt 0 | LIF NOT IN SUC | HEACHLY, GIVE STREET | LOCU | e Center | 12a USUAL OC (TYPE OF WORK FO HOUSE | R MOST OF WORKING L | FE) INDUSTRY | HOME |
| C.D. | 35 | 13a. S | MARYLAND | VIY | 13c. CITY OR TOW BALTIM | N | 13d INSIDE CITY LIMITS? | 4039 F | RESS / ZIP COD EISTERST | OWN RD. | #21215 |
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| be exected on and of streets. Pages | e medico | 16a V | VAS DECEASED EVER IN U.S. AR (ES, NO PUNKNOWN) (IF YES, GIV | MED FORCES? /E WAR OR DATES) | 213-05- | | MITTEN GOL | XXXXXXXXXXX | ADDRIGG44 XXXXXXXXXX | XXXXXXXX | XXXXXXXX |
| ON ST., BAI | nc eveni, n | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (a) | CON 4E | 1100 | | · / · · · · · | IRE | BETWEEN | MATE INTERVAL INSET AND DEATH |
| 201 W. PRESTON ST., es that the death certifined by the attending pholose remove carbon purial, cremation, or removing, or removers. | | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | (b)_ | R AS A CONSEOUE | | A-S.C.V. | r) _ | | | |
| PRDS, 20 | ullory, a | NOI | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>C</u> | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TEL | | | | |
| AL RECC | 9 | CERTIFICATION | 19a DATE OF OPERATION | | | OPERATIO | N WAS PERFORMED | | O Y | S, WERE FINDIN FYING CAUSES (ES | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. frer this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b | | - | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- | ATH HOUR A | M, MONTH DA | AY YEAR | 21c. HOW INJURY OCCU | URRED (ENIER NATUR | E OF INJURY IN ITEM 18 | PART I OR PART 2) | |
| NG PHY offer this dos the bu | o Daxed | MEDICAL | WHILE NOT WHILE AT WORK AT WORK | | OF INJURY REET, FACTORY OFFICE, F | ARM, ETC) | 211 LOCATION STREET | C | ITY OR TOWN | COUNTY | STATE |
| ATTENDI ASPIROL OF CTOR: A d for use | in 51 1.7 th | | 22s.1 certify that (I) (this hasp saw the deceased alive an abave, (I) (we) (did) (did) no | ~ | 2 4 | | d that in (my) (aur) apinio | on death occurred o | n the date and ha | | |
| ital OR by the ho RAL DIRE detached | | | 22b. SIGNATURE | 4650 | 2 | | | DIRECTOR _ | STAFF PHYSICIAN | 9/15 | 5/86 |
| TO HOSPITAL retoined by the | Š / | | SE | 7 4 | PWAR. | | Baltimo | rindale | 2121 | Belver | dere Av |
| BP | | | BURIAL, CREMATION, REMOVAL | SEPT. | 15,1986 | BETH : | EMETERY OR CREMATOR | ISRAEL | BALTIMOR | | ARYLAND |
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STATE OF MARYLAND

| - 1-8 2 | 83 | | 1- | FOR STATE REGISTRAR | DEPARTN | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 3 5 2 | 5 1 6 / |
|----------------------|--|-----------------|---------------|--|---|---|---|---|
| 102 | poge 3 | | | CEASED NAME HERY | MIDDLE | GODBERG | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR 14 86 10:31 P M |
| ge 4 ma) | ector, po | | 3. SE) | M ALE | RACE W HITE | 5. DATE OF BIRTH MONTH DAY YEAR 20 // | 6. AGE (IN YEARS LAST BIRTHDAY) PS YRS. | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| 0 | uneral dir | 31 |) N | RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | | TY MD. |
| E Page | by the fi | 2 | B | 1 OR TOWN OF DEATH | SWAU HOST | util | 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L | 126 KIND OF BUSINESS OR INDUSTRY AT LAW |
| LAND 2 N | ly filled in should be | and a | 130 5 | TATE 136 COU MARYLAND THER'S NAME | DR OTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY 136. CITY OR TOWN BALTIMOR | N 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD 5703 MERVILLE | |
| E, MARY | Romolete 1 ohd 2 | ol examin | | SAMUEL VAS DECEASED EVER IN U.S. A | GOLDBERG RMED FORCES? 166 SOCIAL SECU | FIRST ESTHE | MIDDLE IR | UNKNOWN |
| ALTIMOR e be exec | cian and ers. Poges | the medic | | (# YES, G | 217-26- | 9/56A 5703 MERVIL | RS. IDA GÖLDBERG LE AVE. BALTO., | MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST., B | ottending phys ave corbangop stian, ar remay | raumotic event, | 1888 | PART I. DEATH WAS CAUS | DUE TO, OR AS A CONSEQUE | Arrest | | |
| , 201 W. | gned by the in please rem burial, cremo | ry, ar ather t | | cause (a), stating the underlying cause last. | due to, or as a conseque (c) Ventricu Conditions Contributing to C | | | VEN IN PART I 10 |
| AL RECORDS | hos been si permit. The ene prior to | ows ony inju | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO |
| OF VIII | g physici ertificate rial-transi entol Hygi | dem 18 sh | | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | HOUR A.M. MONTH DA | YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2} |
| DIVISION OF VITAL | ifter this of os the burth and Me | orkedor | MEDICAL | WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | ARM ETC) STREET | CITY OR TOWN | COUNTY STATE |
| ATTEND | RECTOR: A ned for use ept. of Heol | m 21 is m | | saw the deceased alive a above, (I) (we) (did) (did n | pital) attended the deceased from | | n death accurred on the date and ha | |
| TAL OR | the Dor | E TN | | 226. SIGNATURE PLUE | of mo | DEGREE ATTENDING PHYSICIAN 1776 ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 9-14-86 |
| TO HOSPI | TO FUNE shauld be with the | IMPORTANI | 22- 5 | RHODA | J. KNOX MI | SINAI | | 2 |
| | 3P | | | URIAL, CREMATION, REMOVA SPECIFY) BURIAL | SEPT.15 19 | | | BALTO. MD |
| DH/ | NH - 16 60M (VRA 15, 4) | | 60 | 010 REISTERSTON | WN RD. BALTO., M | INC. D 21215 SE | | TRANS SIGNATURE |

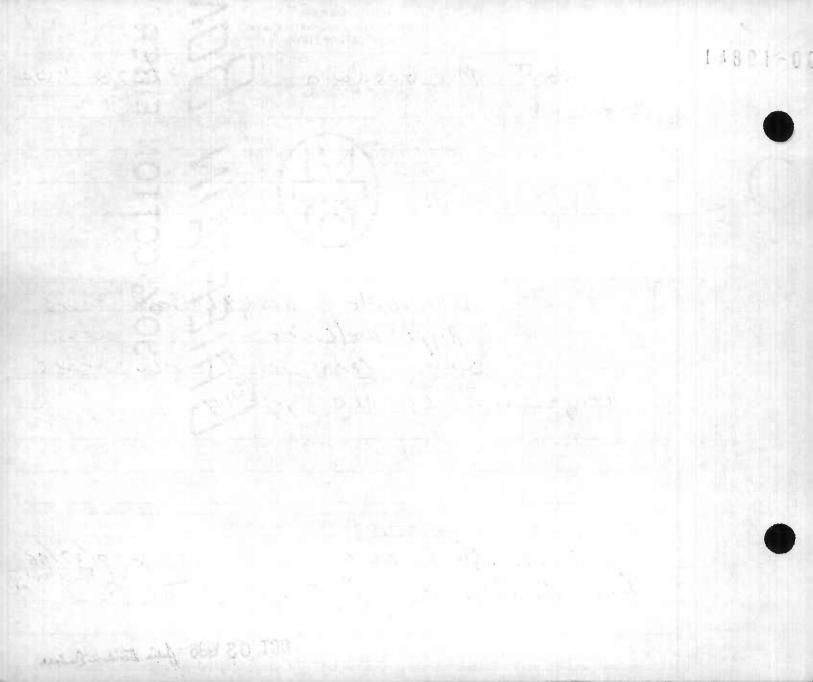
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-John Goods 19 86 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 3:10A 1986 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED -DIVORCED U.s.a. IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LEVEL OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 2700 Blk. Greenmount Avenue N/A SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30. STATE 13. STREET ADDRESS 414 E. 28th Street 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 21218 Maryland Baltimore NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Viola Goods Simmons Ernest T. PAGES 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 214565013 Viola Glover 414 E. 28th Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURIAL 3 SHOULD BE L YES X NO 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR
CONTRIBUTING CAUSE OF DEATH 19 86 Subject stabbed 2:55 xx 9 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE street 2700 Blk. Greenmourt Ave. Balto. City, MD 220. I certify that I took charge of the remains described above, held an Autopsy K Inspection Inquiry and in my apinian PAGE 4 SHOULD BE RETO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN Hamicide X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Mn Assistant 9/27/86 SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial "Randalstown Maryl'and 10/3/86 King 07/84 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm.C. March Funeral Homer Inc. 1101 East North (VR A15 ME (5))

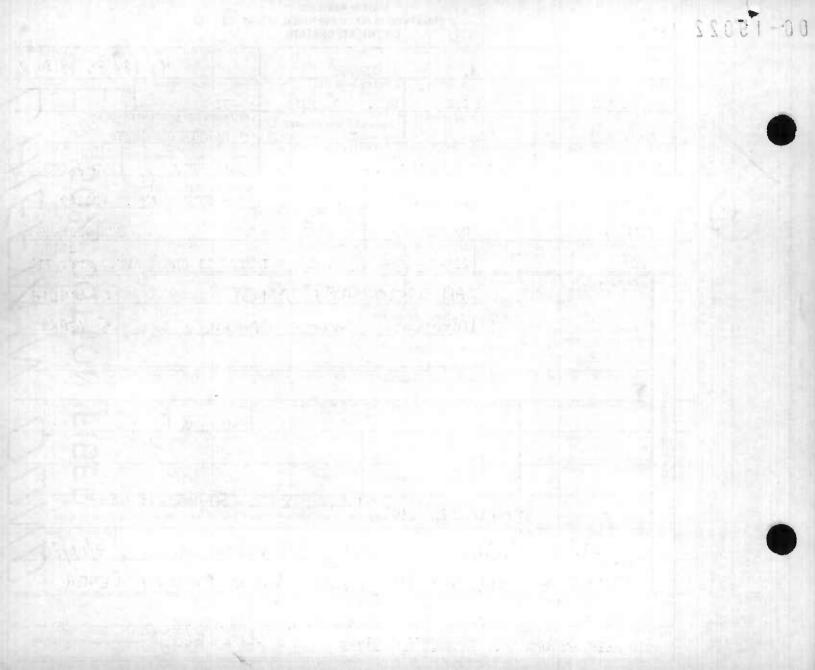
STATE OF MARYLAND

| | 1 - STATE REGISTRAR | | | CERTIFICATE OF DEATH | | | | |
|--|------------------------|--|--|---------------------------------|-------------------------|---|--|--|
| -19841 | | CEASED NAME FIRST | MIDDLE | | AST C | REG. NO. | DAY YEAR 26 HOUR | |
| page r dea | | Nuse | 71. | 500 | awin | 91 | 27/86 11,54AM | |
| or p | 3 SE | X | 4_RACE | 5 DATE C | OF BIRTH H DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. | |
| urs o | | Male | Black | 4 | 14 10 | 76 YR | | |
| h. Po | 7a. B | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | TRY? 8. | D NEVER MARRIED | BALTIMORE CITY OR COU | NTY OF DEATH | |
| Juner Juner | | Virginia | U.S. | WIDOWE | | Balto. City | MD. | |
| d the day | 10 0 | Balto. | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Mercy Ho | RSING HOME (TREET ADDRESS) SP. | DR OTHER INSTITUTION | 120 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKIN | IZE. KIND OF BUSINESS OR INDUSTRY Steel | |
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| fille of the state | | Md. | Balto. | 1000 | YES NO NO | 11 W. 20th St. | | |
| tely 2 sh | 14. F | ATHER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NA | ME | | |
| | | 1 C M 2 | WIDDLE (V2) | | Mary | MIDDLE | Johnson | |
| 5 0- | | WAS DECEASED EVER IN U.S. AR | | SECURITY NO. | 17 INFORMANT | ADDRESS | Johnson | |
| n and Poget | N | | 212-0 | 7-0596 | Mrs. Evelyn | Goodwin Same | as #13 | |
| hysicia appers. | | 18 CAUSE OF DEATH (Enter on | ly ane cause per line far ial_(b | and ic | , | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| phy npa may | | PART I. DEATH WAS CAUSE | D BY: Vent | Mici | lar as | rythmia | hours | |
| ding arbc ar re | | | DUE TO, OR AS A CONSI | FOLIENCE OF 1 | 1 | 7 | 1 | |
| death others ove co tron, c | | Canditions, if any, which | (b) Hy | 120 h | alemie | | days | |
| the critical control of the control of the critical criti | | gove rise to immediate couse (0), stating the | DUE TO, OR AS A CONS | OUENCE OF | 1 6 | | | |
| that d by lease ial, cr | | underlying couse last | 10 Chron | ici | renal in | sufficienc | · years | |
| gne gne n pl buri | 7 | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART LIG | |
| e d + t . u | 5 | conge | live (| cara | (10 Myo) | nathing | | |
| n. na bermit. ne prio | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WE | TICH OPERATIO | N WAS PERFORMED | INCE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? | |
| Sit The | ERT | 21g. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 1714 HOW INTURY OCCUPS | YES NO | YES NO | |
| 55 55 - / | AL O | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | | THE HOLD IN GOLD OCCOR | LED LEWISK MYJOKE OF MJOKE IN HEW | IB PARTION PART 2) | |
| HYSICIA nding p nus certif burial- I Mental ar frem | MEDIC | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 19 | 211 LOCATION | | | |
| PH the the cond | ME | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OF | FICE FARM, ETC) | STREET | CITY OR TOWN | COUNTY STATE | |
| Afte of the mark | | 220 I certify that (I) (this haspi | tal) attended the decorred for | 7 m | 19 | | 10 | |
| OR: OR: | | saw the deceased alive an | | | | death accurred an the date and | haur and from the causes stated | |
| RECT RECT RECT Ppt. o ppt. o | | above, (1) (we) (did) (did no 22b. SIGNATURE | t) view the bady after death. | | DEGREE | | 22c DATE SIGNED | |
| the h | | 8/Van | 11. 000 | n | ATTENDING PHYSICIAN | MEDICAL STAFF | 1- 0/27/06 | |
| HOSPITAL bred by the FUNERAL uld be detended to the State | | 22d. PHYMICIAN'S NAME (TYPE O | RPRINT | | 22e ADDRESS | DIRECTOR PHYSICIAN | 301 - (100) | |
| | | Han M | allego | - | Mocci | Haspitel | Bollo M | |
| of of of M | 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 100,10,10 | |
| BP | | (SPECIFY) Removal | 9-27-86 | | | CITY OR TOWN | COUNTY STATE | |
| DHMH - 16 60M 7/B4 | 24. F | UNERAL DIRECTOR | | | 250004 | REC'D BY REGISTRAR 256 REC | GISTRAR'S SIGNATURE | |
| (VRA 15, 4) | | Anatomy | Board | Ba | lto., Md. | 0.3 1986 Juli | Diridon Radas | |

STATE OF MARYLAND



| 00- | 19022 | 1. | FOR STATE REGISTRAR | DEPARTI | MENT OF H | E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH | IENE & 6 | 25170 |
|-----------------|--|---------------|---|--|------------|--|------------------------------------|--|
| | | 1. DE | CEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | oy be death | (ITPE | JANET | М. | GC | RDON | 9/ | 18/86 8:30 Pm |
| | noy po | 3. SE | | 4 RACE | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | 100 | | FEMALE | WHITE | OCT. | | 72 YF | MONTHS DAYS HOURS MIN. |
| | 2 01 0 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COU | |
| | | 100 | MARY LAND | USA | WIDOWE | D NEVER MARRIED | BALTIMORE | CITY |
| | | 10 € | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 100 | V 1300 | | ALTIMORE | 6103 STUART | AVE. | | BOOKKEEPER . | BETH JACOB CONG |
| 212 | 1 | USU. | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP C | The state of the s |
| MARYLAND | 2 2 | | ARYLAND | BALTIMOR | | YES NO | 6103 STUART A | |
| RYL | 1 电分量 | 3 | ATHER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | LAST |
| - | 2 (2) | | SAMUEL | GORDON | 100 | LENA | | SCHLOSSBERG |
| MORE | oges dicol | | | RMED FORCES? 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | #21208 |
| TI. | S. Po | | NO | 213-09-8 | 833 | MRS. JAN WEI | NBERG 11 SLADE | |
| BA | ficate obysici poper naval. ent, th | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ally one cause per line for (a), (b), and D BY: | | CATORY ARK |)rr (| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Y ST. | ng p bon r rem | | IMMEDIA | TE CAUSE (a) CATION | ESPI | OTICITY MIN | -631 | 15 MINUTES |
| PRESTON | tendi e cor on, or | | Conditions if any skill | DUE TO, OR AS A CONSEQUE | NCE OF | BLOASE C | ANCER | 5 YEARS |
| 9. m | he dear | | Conditions, if any, which gave rise to immediate cause (a), stating the | 16) ME111311 | HIC | DEC:123 C | Trocerc | 3 16112 |
| * | by the | | underlying couse last | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| , 201 | gned in plea burial | 7. | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 1(a |
| RDS | The The injury | 0 | | | | | 4 | |
| AL RECORDS | on. he low hos bernere ene price | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF | PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| VII | icote icote Hygiel Hygiel | CER | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | V VEAD | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM | |
| Ö | SICIA pla pla pla pla pla pla pla pla pla pla pla pla pla | CAL | OR CONTRIBUTING CAUSE OF DEA | NITH . | 19 | | | |
| DIVISION OF VIT | or attending After this ce e as the burn olth and Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE DAT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ۵ | NDIN R. Af Wse o Health | 100 | 22a. I certify that (1) (this hospi | tal) ottended the deceased from | JUL | 1984 | 10 SEPTEMBERZ 1 | 8, 19.86 , that (1) (we) lost |
| | spirto CTO CTO I for of h | | saw the deceased alive an abave (1) (we) (did) (did no | t) view the body after death. | 36 , 01 | ad that in (my) (aur) apinion o | death occurred on the date and | hour and from the causes stated |
| | OR AT he hosp DIRECT oched for Dept. of | | 276. SIGNATURE | Oliver S | | DEGREE | | 224 DATE SIGNED |
| | | | Arvan 4 | Momman | 1 | PHYSICIAN P | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/19/86 |
| | TO HOSPITAL etoined by the TO FUNERAL should be deto with the State MAPORTANT: | | STUART A. | GROSSHAN 1 | ar | JOHNS HOP | KINS ONCOLOGY | / CENTER |
| | 7 5 5 7 3 8 | | URIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY |
| | BP | | BURIAL | 9-19-86 BN | AT IS | RAEL CONG | BALTIMODE | COUNTY STATE |
| | DHMH - 16 60M 7/84 | | INERAL DIRECTOR SOL I | EVINSON & BROS | INC. | 75a. DAW | E CO AY AE G S RAR 256. REC | GISTRAR'S SIGNATURE TO |
| | (VRA 15, 4) | 6 | OIO KEISTEKSTOW | N RD., BALTO., M | D 21 | 215 | - 1000 | |



| | | 1 | | | | E OF MARYLAND | | | Ph (100 | 1 7 | 1 |
|--|---|---------------|-------------------------------------|------------------------------|--|----------------------------|--------------------|-----------------------|-----------------|--------------------------|--------------|
| | | | FOR | | DEPARTMENT OF H | EALTH AND MEN | ITAL HYGIENE | 6 | 2 3 | 1 / | |
| | | 11- | STATE REGISTRAR | ME | DICAL EXAMINE | R'S CERTIFICA | ATE OF DEAT | H REG. N | VO. | | |
| | 9777 | | CEASED NAME FIRST | | MIDDLE | LAST | 20 | DATE KNOWN | | DAY YEAR | 2b. HOUR |
| | 0 6 4 | | E OR PRINT) | | | | | OF ESTI- | | | I TOOK |
| | ASE JRS. | | Josep | | | Gordon | | DEATH MATED | □ 9 | 26 1986 | M |
| | PEA COSE STREET | 3 SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEAR | | UNDER 24 HRS. 26. | DATE | MONTH | DAY YEAR | 2d. HOUR |
| | SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET, | 17 | ale Black | A44 31 | 1950 36 YRS | Moralino Dalio | MIN. FR | DEAD | 9 | 26 1986 | 1:30P |
| | STO | 70 B | RTHPLACE (STATE OR | 76. CA ZEN OF WH | TAT COUNTRY? | | 9. | BALTIMORE CITY | OR COUN | | |
| | HECESSARY, PLEAS, INFRAL DIRECTOR FOR YOUR FILES WITHIN 72 HOUR. PRESTON STREET | FC | REIGN COUNTRY) | 215 | 4 | MARRIED NEVEL | | Da 7 t i mana | ~ 0:1- | | |
| | 429 2 / - | 10.6 | TY OR TOWN OF DEATH | UJI | 7 | | DIVORCED L | Baltimor | | Y 126. KIND OF BI | MD. |
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| /- | C2398 | | | | VE RESIDENCE BEFORE ADMISSION | | umare les capes | | - | 99 | 600 |
| / 87 | 3. TES | 13a. S | TATE O C VIL SOUN | nA | WASh 291 | YES A | NO 130. STREE | Sheri | 200 | Still | 6.07 |
| 2 | = 1 - | 14.5 | ATHER'S NAME | 13/11 | WASHINGTI | | S MAIDEN NAME | N/IEI/ | queri | 0. 70 | <u> </u> |
| W | 2000 | A | FIRST | MIDDLE | LAST | EIRST | MAIDEN NAME | MIDDLE | _ | LAST | |
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| IMO | NS CAR | 160 \ | | MED FORCES? WAR OR DATES) | 166. SOCIAL SECURITY | NO. 17. INFORMA | NT | 603 S | | an 5+1 | NW |
| BALTIMORE | AFT PER SECTION | | unk | UA | Unk | voseph | Gordon | Wash | | en. D. | c. |
| - 3 | DURS 18. G WIT. PA | | IB CAUSE OF DEATH (Enter on | ly one couse per line | for (a) (b) and (c)) | | | | 1 | APPROXIMA BETWEEN ONS | TE INTERVAL |
| .is | 24 HOUI TEM 18. ONG W PERMIT. SIENE, D | | PART I DEATH WAS CAUSE | D 8Y: Ma | tral valvul | onathu. | | | | BETWEEN ONS | ET AND DEATH |
| NO | YAL SHEET STATES | | IMMEDIA | TE CAUSE (U) | AS A CONSEQUENCE O | - | | | | | |
| EST | A STAPES | | Conditions, if any, which | | AS A CONSEQUENCE O | r | | | | | |
| ~ | E SA A SE | | gove rise to immediate | | | | | | | - | |
| ``` | SE S | | couse (a) stating the under- | DUE TO, OR | AS A CONSEQUENCE O | F | | | | 1111 | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | lying couse lost. | (c) | | | | | | | |
| SO. | A NE A PLE | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMIN | NAL DISEASE OR CONDITION G | IVEN IN PART 1 (o) | | | | |
| Ö | BE EDIN FOR SAL | Z | | | | | | | | | |
| 2 | EAL CHE | CERTIFICATION | 190 DATE OF OPERATION | TIPE CONDI | TION FOR WHICH OPERA | TION WAS PERFORME | ED? | | | 20 AUTOPSY | V2 |
| 4 | IAL PER I | 0 | The state of oremains. | I've CONDI | HOTTON WHICH OF ENA | WION WASTER ORME | | | | | |
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| 0 | AND | | 210 EXTERNAL CAUSE WAS | 216. TIME OF HOUR A.M | NJURY NONTH DAY YEAR | 21c. HOW INJURY OF | CCURRED LENTER NAT | URE OF INJURY IN ITEM | 18 PART 1 OR PA | RT 2) | |
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| ISC. | CERTIFICA ITING THE DED TO THE 3 SHOULI DEPARTM | MEDICAL | 21d. INJURY OCCURRED | | OF INJURY (AT HOME, | 211. LOCATION | | | | | 77.0 |
| No. | S C S C S C S C S C S C S C S C S C S C | Z | WHILE NOT WHILE | STREET, FACT | TORY, FARM, ETC.) | STREET | | CITY OR TOWN | СО | PUNTY | STATE |
| | WARI WARI PAGE 2120 | | AT WORK AT WORK | | | | | | | | |
| | A PATES | | 220 I certify that I took charg | ge of the remains des | cribed obove, held on | Autopsy X, | Inspection . | Inquiry . | and in my of | pinion | |
| | NEW DEE | | death resulted from: Notus | rol couses W | Accident, Suic | ide , Homicide | e Undeter | mined monner |], | | |
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| (| MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE, | | SIGNATURE | 1 | | M.D. 220012 | WEDIC | AL EXAMINER | SIGNE | D | |
| | NO STATE | 1 | EXAMINER'S NAME CYC | TOTY P Ka | uffman, M.D | 1 | 111 Penn S | th Ralt | o.MD. | | |
| | XEC | | (1112 01111111) | | | ADDRESS_ | | | O.P.D. | | |
| | E07149 | 23a.B | URIAL, CREMATION, REMOVAL | 236 DATE | 23C NAME OF CEM | ETERY OR CREMATOR | CITY OR | | COU | NTY | STATE |
| 07/84 | BP | | Buridi | Oct 4, 19. | 86 HARMO | 14 /1tem | OVID! LAN | dover | PG | Ma | / |
| 25M | DHMH 17 | 24 F | UNERAL DIRECTOR | 100000 | 716 Kenn | boly StNot | DATE REC'D. BY R | EGISTRAR 256 RE | GISTRABIS | ACTIVATED TO | |
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| 0.0 | | | | FOR STATE REGISTRAR | | | DEF | PARTMENT OF | E OF MARYLAI HEALTH AND M FICATE OF DI | ENTAL HYG | IENE 8 | 6 REG. NO. | 2 | 5 1 | 1 2 |
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| 00- | 18 | 184 | | DECEASED NAME | FIRST | | WIDDLE | | LAST | | 20 DATE OF E | | ONTH DAY | YEAR 2b. | HOUR |
| | 9 0 | 50 | | TYPE OR PRINT) | Walt | ov | John | Gv | ampp | So | Ser | tembe | r 12. | 1986 10 | MAOL'C |
| | You | 0 | 3 | SEX | | 4. RACE | | | OF BIRTH | 10.1. | 6 AGE INYEA | | | | JNDER 24 HRS |
| | oge 4 r | ors offe | , | Mal- | | Whi | | May | | 1918 | 68 | | YRS | | URS MIN, |
| - | 4 6 | 2 ho | 1 | COUNTRY) | TE OR FOREIGN | 76 CITIZEN | OF WHAT COUN | MARRIE | DENEVER M. | ARRIED - | 9. BALTIMOR | | | DEATH | |
| | deat | | 1 | Maryla | | Unite | dStat | ec widow | ED DIVI | ORCED | Bal | rimo | re (| ity | MD. |
| 5 1 | ov Thè-fi | n Vil | | 3 Himo | | | SUCH FACILITY, GIVE | IURSING HOME E STREET ADDRESS I MOVE | | | 120 USUAL OF | OR MOST OF W | ORKING WERE ! | 26. KIND OF BUNDUSTRY Local 3 | |
| 0212 | led on | De la company | | SUAL RESIDENCE (| HIS COUN | ITY | ION GIVE RESIDENCE | R TOWN | 134. INSIDE CIT | TY LIMITS? | 13e STREET AL | DRESS / Z | IP CODE | - 1 | 2:005 |
| IAN | in 2 | 3 | 4 | Maryland FATHER'S NAME | IAA | Co. | HIDOLH | amore | YES S | NO X | 112 | W. I | OTILLE | p Rcl | といるとい |
| BAITIMORE, MARYLAN | S S S S S S S S S S S S S S S S S S S | d 2 | 71 | FURST | | MIDDLE | LA | | F | IRST | VIL. | WIDDIE | | LAST | |
| ¥ | oted | 9/20 | 4 | Wilhe | | | ck Gran | | | phine | 100 | ADDRESS | | Celler | |
| ORE | bud o | dico | 7 " | WAS DECEASED | (N) | E WAR OR DATES | 5) | L SECURITY NO. | 17 INFORMAN | (MII | , | ADDRESS |) | | |
| TIM | pe e | S. P. | 1 | No | NA | | 12130 | 19.3038 | Grace | E. Gr | ampp | Same_ | as 13 | | 10000 |
| | hficate | npoper maval. | | 18 CAUSE OF PART I. DEA | DEATH (Enter onl | ly one couse D BY: E CAUSE (o) | C. | (b), and ici. | ılmm | Cian C | trond | - | | APPROXIMATE BETWEEN ONSE | |
| Z | Cer. | or re | | EU SAN | IMMEDIAI | | , OR AS A CON | CEOUENICE OF | | 0 | | | | | |
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 should be " should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages | and 's with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exami ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

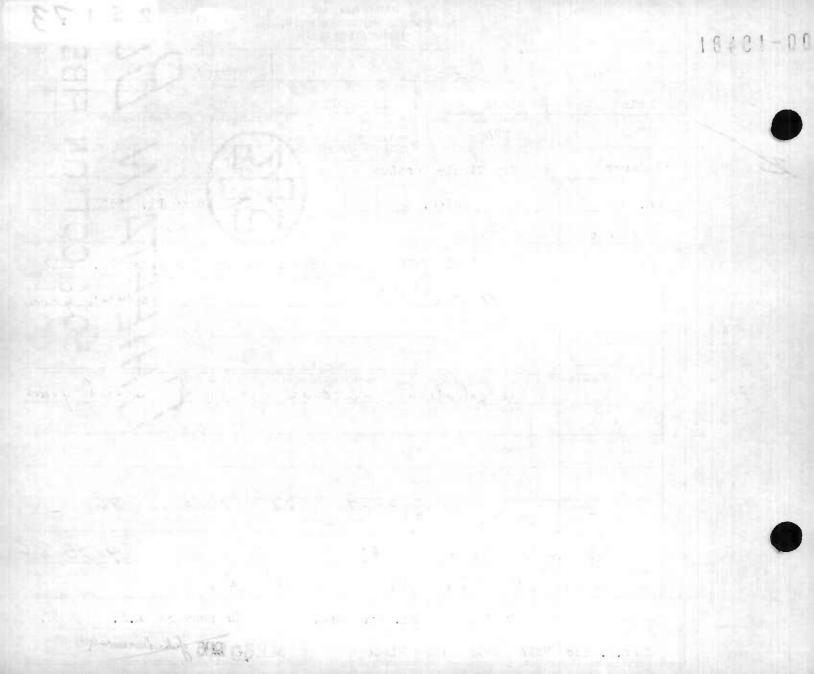
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| | | underlying cause | | DUE TO, OI | r as a conseque | NCE OF | | | | 100 | | | |
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| / | CERTIFICATION | | | | | | | YES 🗆 | NOF | IN CERTIFYING | CAUSES | OF DEATH? | |
| 3 | ERT | 21a. ACCIDENT WAS UND | ERLYING F | 7 21b. TIME O | F INJURY | | 21c. HOW INJURY OCCU | | | | OR PART 2) | 7.0 | - |
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| | | AI WORK AI WOR | RK | | 1 1/ | -7 | -27 10 7 | 9 | 9-22 | | 6 | | |
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| | 24. FU | UNERAL DIRECTOR | | | ADDRESS | | 25a. D. | ATE REC D. BY | REGISTRAR 25 | Sh. REGISTRAR" | SIGNAT | URE | |
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

Chas.A.Rice FSPA 1300 Eutaw Place SEP 3() 1000 7



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

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| 270. L certify that (1) (this hospital) ottended the deceased from AUGUST 13 1986, to SEPTEMBER 919 86 that (1) (we) led you have a sow the deceased alive an SEPTEMBER 9 1986, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated above, (1) (we) (did) (did pat) view the body offer death. 270. DEGREE 270. DEGREE 271. SIGNATURE 272. DATE SIGNED 272. DATE SIGNED 273. BURIAL, CREMATION, REMOVAL 273. BURIAL, CREMATION, REMOVAL 273. BURIAL, CREMATION, REMOVAL 273. BURIAL, CREMATION, REMOVAL 274. DATE 275. SIGNATURE 276. DATE SIGNED 277. DATE SIGNED 278. DEGREE 278. DATE SIGNED 279. DEGREE 270. DATE SIGNED 270. DATE SIGNED 270. DATE SIGNED 271. DATE SIGNED 272. DATE SIGNED 273. BURIAL, CREMATION, REMOVAL 274. DATE 275. SIGNATURE 276. DATE SIGNED 276. DATE SIGNED 277. DATE SIGNED 278. DATE 278. DATE 278. SIGNATURE 278. DATE 279. DATE 270. DATE SIGNED 270. DATE 270. DATE SIGNED 270. DATE 271. DATE 272. DATE SIGNED 272. DATE SIGNED 273. DATE 274. DATE 275. DATE 276. DATE 276. DATE 276. DATE 276. DATE 277. DATE 276. DATE 277. DATE 278. DATE 278. DATE 279. DATE 279. DATE 270. DATE 271. DATE 272. DATE SIGNED 272. DATE SIGNED 273. DATE 274. DATE 275. DATE 276. DATE 276. DATE 276. DATE 277. DATE 277. DATE 278. DATE 278. DATE 279. DATE 279. DATE 270. DATE 271. DATE 272. DATE 273. DATE 274. DATE 275. DATE 276. DATE 276. DATE 276. DATE 277. DATE 277. DATE 278. DATE 278. DATE 279. DATE 279. DATE 270. DATE 270 | 270 Letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended the deceased from AUGUST 13 1986 to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended to SEPTEMBER 919 86, that (I) (we) letrify that (I) (this hospital) attended to SEPTEMBER 919 86, that (I) (we) letrify | | ED | 21d INJURY OCCURRED | | | | CITY OR TOWN | COUNTY | STATE |
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| PARTION BP 1226. SIGNATURE 1226. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | TTEN prital TOR for u | | sow the deceased alive a | SEPTEMBER | 9_1986, and that i | in (my) (our) opinion d | | | |
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| 22d PHYSICIAN'S NAME (IVPE OR PRINT) A.J. HELOU, M.D. 100 N. BROADWAY 21213 236. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL, CREMATION, REMOVAL 23b. DATE BP. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL, CREMATION, REMOVAL 25b. DATE (SPECIFY) BURIAL, REMOVAL 25b. DATE (SPECIFY) BURIAL, REMOVAL 25b. DATE (SPECIFY) BURIAL, REMOVAL | 22d PHYSICIAN'S NAME (17PE OR PRINT) A.J. HELIOU, M.D. CHURCH HOSPITAL CORPORATION 100 N. BROADWAY 21213 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL OR MAIN (SPECIFY) BURIAL OR M | 75 750 | | A.J. | Holou, M. | 1 21 | ATTENDING | MEDICAL STAFF | 9- | 6-86 |
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BILL STORY AND SERVICE WAS TRANSPORTED TO A VIOLENCE OF THE SERVICE OF THE SERVIC

| -18755 | 1- | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE BREG. NO. | 2517 |
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| -18/55 | | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| moy t | 1. 5E | LOREN | 180 F G1 | S. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | 19 86 345 P |
| Page 4 | 7a. 0.1 | MALE IVAN OFFICION | BLACK 76. CITIZEN OF WHAT COUNTRY | 11 22 31 | 5 4 YR | S. |
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| CAR | 0 | Charles | MEDIE MYLLED | 15 MOTHER'S MAIDEN NA | AME MIDDLE | 7 LAST |
| 47 | | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 215-28 | , | Coutson 4509 4n | anordene Vd |
| physical physical manual. | | PART I. DEATH WAS CAUS | anly one cause per line for (a), (b), a | nd (c'.) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 h vs |
| that the death ce by the attendant ase remainer corb is, commission, or r other traumatic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONSEQUENCE | NARY ARTISMY | DISCHSE | |
| Then plants of minny, o | NO | | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART Ita |
| Permit the property of the pro | IFICAT | 19 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO |
| Thomas and the state of the sta | AL CERT | SATURE OF DESCRIPTION | 216. TIME OF INJURY HOUR A.M. MONTH D | DAY YEAR 21c HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM | |
| The box | MEDICAL | 214 INJURY OCCURRED | P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. | FARM_ETC) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ENDRA all or a sure or Health is more | | an wrong | oital) attended the deceased from | 9/12/86 19 | | . 19 |
| L OR ATT the hospit L DRECTO tucked to bept of If here 2 | | 27h. SIGNATURE | at) view the bady after death. | DEGREE ATTENDING | death accurred on the date and MEDICAL STAFF | 22c. DATE SIGNED |
| D FUNERAL Outd be ter the Sun | | THE PHYSICIAN'S NAME ITTE | | PHYSICIAN [| | 1 9/19/86 |
| Die Die M | 23a E | SAYEN SURIAL, CREMATION, REMOVA | W (755) | NAME OF CEMETERY OR CREMATORY | 23d LOCATION | MITMORE 21201 |
| BP | 15 | SURIAL DIRECTOR | 19-24-86 94 | arrison Forest Veta | TE REC'D. BY REGISTRAR 230. BEC | ISLEAR'S SIGNATURE. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 1) | MAME | Puss 23521 | w. North Ara SE | P 22 1986 | , Daux dawn—Hallace |

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| 00-118937 | , 1 | FÖR STATE REGISTRAR | | DEPARTA | MENT OF HE | OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH | GIENE 8 6 | 2 | 5 | 78 |
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| by be oge 3 | (11) | PE OR PRINT) BABY | BOY | | GRE | EN | SEPTEMBI | ER 15, | 1986 | 5:21 _M |
| You out | 3. S | EX | 4. RACE | | 5. DATE OF | BIRTH | 6. AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS |
| 4 of the state of | M | ALE | BLACE | ζ | U9- | 13- YEAR 6 | | YRS. | DAYS 2 | HOURS MIN. |
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| THE ST | 72 | COUNTRYMARYLAND | U.S. | | WIDOWED | DIVORCED [| BALTIMO | RE CIT | Y | MD. |
| . 1 11 R | 7 | BALTIMORE | | HOSPITAL, NURSIN CHEACILITY, GIVE STREET HOPKINS | | OTHER INSTITUTION | 12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O | | 12b. KIND OF INDUSTRY | BUSINESS OR |
| 120 | | JAL RESIDENCE (IF NURSING FOME STATE VISIO CO | | | | T 1 1111 | | | | |
| 20 1 15 D | 13a. | MARYLAND 60 | UNTY | BALTIM | | 36. INSIDE CITY LIMITS? YES X NO | 13e.STREET ADDRESS 1058 Arg | yle Av | alta | Md 1/20 |
| 40世 | 14. F | ATHER'S NAME | MIDDLE | IASI | | 5. MOTHER'S MAIDEN N. | AME | | LAST | 11000 |
| A. 自想。 | 9 | LÄRRY | MIDDLE | GREEN | | MARLEI | IE MIDDLE | WI | LLIAN | |
| 6 7 | 16a | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 166. SOCIAL SECU | RITY NO. | 17. INFORMANT (mc | other) ADDR | ESS | | 11- |
| | | (YES, NOOR UNKNOWN) (IF YES, | ONE WAR OR DATES | | | MARLENE GF | REEN. 1058 | Argyl | e Ave | Apt. |
| MALT Designation | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | only one cause pe | r line for (o), (b), one | d (c).) | | 4 | | APPROXIA BETWEEN O | MATE INTERVAL DNSET AND DEATH |
| The state of the s | | | SED BY: IATE CAUSE (o) | Cardio | pulm | unary Ar. | rest | | / | hr. |
| NO 4 POOR | 100 | | DUE TO, C | R AS A CONSEQUE | NCE OF | | | | | |
| E C 1111 | | Conditions, if ony, which | (b)_ | Theum | otho | rax | | | 110 | min. |
| W PR | | gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, C | OR AS A CONSEQUE | ENCE OF A | 4 | | | 40 | hrs. |
| igned en plece burnol ury, or | z | PART 2 OTHER SIGNIFICAN | T CONDITIONS C | ONTRIBUTING TO E | DEATH BUT N | OT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| RECORDS. Iow requirements to be prior to be we ony injur | ATIO | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATION | WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, V | VERE FINDIN | IGS USED |
| | CERTIFICATION | | | | | | YES NO | IN CERTIFYIN | NG CAUSES | OF DEATH? |
| DIVISION OF VITAL ING PHYSICIAN: The r offending physicion (fler this certificate h os the buriol-transif th and Mental Hygier orked or flem 18 shor | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A | OF INJURY .M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | I OR PART 2) | |
| YSICIA ting ph certifi wriol-tr Mentol | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMIL 71d INJURY OCCURRED | | .M. OF INJURY | 19 | 211 LOCATION | | | | 1 |
| IVISION Offending offending offending offending offending offending offending offending | ME | WHILE NOT WHILE AT WORK | | REET, FACTORY, OFFICE, F | | STREET | CITY OR TO | WN | COUNTY | STATE |
| A A A A A A A A A A A A A A A A A A A | | 22a.l certify that (I) (this ha | | | Sept. | 13 , 19 8 | 6, to Sent. | 15 19 | 86 | hat (I) (we) last |
| Pitol | | saw the deceased olive obove, (I) (we) (did) (did | on Sept | ofter death | 0.6_, ond | that in (my) (our) opinion | deoth occurred on the d | ote and hour o | nd from the c | auses stated |
| hospi iRECT hed fo ept of them 2 | | 22b. SIGNATURE | 1 11 | oner deom. | DI | GREE | | | 22c. DATE S | IGNED |
| TAL O y the SAL Didetoclose Di | | CIC | h_160 | mi | | ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN X | 9/1 | 5/86 |
| A See B | | 228. PHYSICIAN'S NAME (TYPE | 1 | Chiavi | | 22e. ADDRESS | Haskins | Harr | +21 | |
| TO HOS stould be with the | 200 | | | | | | | 11040 | | |
| | 230. | BURIAL, CREMATION, REMOV | AL 23b. DATE | 0/ 13c. N | NAME OF CE | METERY OR CREMATORY | 23d LOCATION | | OUNTY | STATE / |
| BP | 24 | FUNERAL DIRECTOR | 7-/6 | -86 10 | 11/1/5/1 | OPKINS HOS | TE REC'D. BY REGISTRAR | OK C. | 2120 | 5 MC |
| DHMH - 16 60M 7/B4 | | TOLL HADY ! | - 1h-10- | ADDRESS | 111 | C- CED | A MOO | 230. REGISTRA | RUSIONATO | /KC |
| (VRA 15, 4) | | SNIUJUIT CHUNG | MOTIT | 96600 N | Wolfe | OFL S | And Am | Donde | | |

| | | 1 | | | | STAT | E OF MARYLAND | | | | |
|-------------------|--|----|---------------|--|--|------------------|--|-----------------------------|------------------|-----------------------------|---------------------------------|
| 14 - | 18931 | | 1 - | FOR STATE REGISTRAR | DEP | | HEALTH AND MENTAL HYC FICATE OF DEATH | GIENE 8 6 | 2 | 5 ! | 19 |
| , | | - | I. DEC | TEACED NIA ME | MIDDLE | | LAST | | MONTH DAY | Y YEAR | 26 HOUR |
| | oy be oge 3 death | | | ORPRINT) ALI | ice G. | G | FREEN | | 9 10 | 86 | 4-428 |
| | ctor. p | | 3. SE X | F | 1 RACE Plack | S. DATE C | | 6 AGE (IN YEARS LAST BIRT | | | IF UNDER 24 HRS HOURS MIN. |
| | ith. Poging trool direction of the original origi | 9 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OF | | FDEATH | 1 |
| | er deo | | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | | 12a USUAL OCCUPATION | | 126. KIND OF INDUSTRY | MD. BUSINESS OR |
| 1201 | in by the filed v | 5 | ÚSU/ | AL RESIDENCE (IF NURSING HOME OR | (1000) | Samo | mi tah balt | n. | | 2177 | 9 |
| IND 2 | filled in nould be | 74 | 130 S | Md. | | RTOWN | 13d INSIDE CITY LIMITS? YES 🔣 NO 🗌 | 18 N. Bet | zip code | Ave. | / |
| 1 | mpletely and 2 sh | 0 | 4 FA | THER'S NAME FIRST Gooden | MIDDLE 1AS | ST | 15. MOTHER'S MAIDEN NA | isa Gooden | | LAST | |
| MORE | ond cor | 1 | 16a W | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | RMED FORCES? 166. SOCIAL VE WAR OR DATES) 999 | 1 SECURITY NO. | 17 INFORMANT ANAND | MD, G, S | Honk. | Balt | imore |
| BALTI | icate he hysician papers. F oval. | | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | nly one couse per line for (a), ED BY: | (b), and (c). | vatrace and | - | - 1 | APPROXIM BETWEEN OF | MATE INTERVAL NSET AND DEATH |
| N ST. | ding pl orbons or rem | | | | TE CAUSE (o) | 1000 PI | ratoryan | 5 Caracian | roust | 1 91 | WKS |
| PRESTON | e attendi move co nation, o traumat | | | Conditions, if ony, which gove rise to immediate | (b) | SEODENCE C. | Cerebrova | roculara | ccicles | # a | NKO |
| 3 | that the d by the lease rem tol, cremo | | | couse (a), stating the underlying couse last. | DUE TO, OR AS A CON | SEQUENCE OF | | 3 | | | |
| RDS, 201 | equires 1 n signed Then ple to burio | | NO | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTIN | IG TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CONE | DITION GIVEN | IN PART 110 | |
| AL RECORDS, | he low re ion. hos beer it permit. rene prior | 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | VHICH OPERATIO | IN WAS PERFORMED | 200 AUTÖPSY? | | WERE FINDING NG CAUSES (| |
| DIVISION OF VITAL | CIAN: TI g physicia ertificate iol-transit ntol Hygi em 18 sh | 9 | 4 | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | TH DAY YEAR | | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | T I OR PART 2) | |
| SION | PHYSI ending this co the burn and Me | 1 | MEDIC | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C | | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| DIV | ING os t os t ark | | | 220.1 certify that (1) (this haspi | ital) attended the deceased | | 73 , 19 26 | , to | D , 19 | | hat (I) (we) last |
| | RECTOR: A red for use pt. of Hea em 21 is m | | | saw the deceased alive on above, (I) (we) (did) (did) | 0-10- | 19 % , dr | nd that in (my) (our) opinion | n death accurred on the da | ate and hour a | | |
| | OR he he | | | 226 SIGNATURE | Joer Ana | 10 | ATTENDING PHYSICIAN [| MEDICAL STAF | | 22c. DATE S | 10/86 |
| | HOSP inned k FUNE buld be h the S | 1 | | 22d PHYSICIAN'S NAME (TYPE C | EV ANAN | :1 | Good S | manita | nHas | b Ba | Thimps |
| | short short | - | 73a B | SURIAL, CREMATION, REMOVAL | | _ | CEMETERY OR CREMATORY | 23d. LOCATION | | | 111111000 |
| 1 | BP | | (5 | SPECIFY) Burial | 09/16 /86 | Fal1 | s Road | Kenbr | idge | Lunen. | V'a'. |
| | DHMH - 16 60M 7/B | 34 | 24 FU | JNERAL DIRECTOR | Kenl | bridge, V | Va. 23944 250. D | SEP 2 2 1986 | 1 11 1 | DESIGNATU | Pandace |
| | (VRA 15, 4) | | Mo | mas 7. Jano | 200 | M. DIOA | | | 0 | | |

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18 M. Berrice Ave.

Louise Coolen

Burlat 05 A6 /85 Fails Road Aegurida... 3744

de Lunci.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE . REGISTRAR REG. NO. 20 DATE KNOWN . DECEASED NAME (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, Bettv DEATH MATED Ann Green 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1986 7:48P 11 1952 33 DEAD female black YRS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Baltimore City, WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FL WITH FORM PM 3. RETAIN PAGE 5 IT. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 W 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Unemployed OR INDUSTRY Baltimore 1910 W. Fairmount Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1910 Fairmount Avenue 21223 Baltimore Md YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pear FIRST Gardner Smith Annie Herman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 214-62-6085 Herman Gardner 1211 Woodington No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ALONG W APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMITHEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Fatty liver IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which Chronic alcoholism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD & YES X TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF-TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE VED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, ABD. 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK X 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection Natural couses XX death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D.Assistant 9/28/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto, MD. TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY STATE Burial 10/3/86 Mt Zion Cemetery Landsdown Md 07/84 25M 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))

(VRA 15, 4)

0-18648

| | 1. | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL H | YGIENE 8 6 2 | 25 8 |
|--|---------------|--|--|------------------------------------|---|---|
| 8 | Li. | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| | | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| deo de | | 1 SEAR | D | GREEN | SEPTEUBOR H | 1886 509 |
| offer de | 3 SE | | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS AN |
| 3 | | MALE | BURK | 12/9/26 YEAR | 59 _{YRS.} | |
| Source. | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY | MARRIED TENEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 3 | | Md. | USA | WIDOWED DIVORCED [| | 1E UTY |
| on the d | 10 | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREE | | 128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF | 12b. KIND OF BUSINESS INDUSTRY |
| 9 | | | VA MEDICAL CENT | ER BALTIMORE MD | | |
| E | | Md. | | | 4532 Pimlico Re | d. 21215 |
| 75 | 14. FA | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN I | NAME | |
| 5 | | Albert | Green | First Mitti | | ington |
| | | AS DECEASED EVER IN U.S. AF | | | ADDRESS | |
| 1/ | - (| Yes Yes | 7. W. 2 218 14 | 8045 Florence Gr | een 4532 Pimlico | Rd. 21215 |
| 1 | | | nly one cause per line for (a), (b), a | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| a Maria | | PART I. DEATH WAS CAUSI | TE CAUSE (D) CALOLO | PULMONAU W | MOST | I Aa |
| or r | | | DUE TO, OR AS A CONSEQU | IENCE OF. | | - 3 - 5 3 1 1 2 |
| dom, | | Conditions, if any, which | | ATTOM ALLEST | | 1 Va |
| er fre | | gove rise to immediate cause (a), stating the | DUE TO OR AS A CONSEQU | IENCE OF STIGLE CIVIC | ONLL COSTRUCTIVE | |
| ath | | underlying couse lost. | PUMONAN | DISCUSE M. AUNUM | A INTRIDECTULATE PULL | IIIIRUT 20 Yr |
| ny, o | - | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION GIV | EN IN PART I to |
| ar ta | CERTIFICATION | | | | | |
| e pri | <u>0</u> | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES | YING CAUSES OF DEATH? |
| how | E | | | | | S NO |
| H 8 | | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | Transport of the state of the s | PAY YEAR | URRED (ENTER NATURE OF INJURY IN ITEM TB P | PART 1 OR PART 2) |
| ltem | 3 | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | |
| W or | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM. ETC.) 211 LOCATION STREET | CITY OR FOWN | COUNTY STATE |
| rkec | _ | AT WORK NOT WHILE AT WORK | | | | |
| s mo | 1 | 22a. certify that (1) (this hasp | ital) attended the deceased from. | SOPTEMBER 9 19 81 | , to SOTTENBOL 9 | 19, that (1) (we) |
| 21 i | | sow the deceased plive or | SEPTEMBER 14 19_ | | on death occurred on the date and hou | |
| hem hem | | THE SIGNATURE | A A A A A A A A A A A A A A A A A A A | DEGREE | | 22c DATE SIGNED |
| T: If | | AMMIN | Alak . | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 9114/84 |
| e State | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT, | 22e ADDRESS LOCAL | RAVEN VA MEDICA | - CENTOR |
| with the State | | JAM | OS DIOKEIN | 3900 | LOCH RAVON BU | NO |
| 3 5 | 23a. B | URIAL CREMATION REMOVAL | | NAME OF CEMETERY OR CREMATOR | Y 23d LOCATION | |
| | (| Burial | 9/19/86 | Garrison Forest | Garrison | Md. STATE |
| | _ | NERAL DIRECTOR | | 25e D | ATE REC'D. BY REGISTEAN 256 REGIST | |
| M 7/84 | | Chas A Rice F | SPA 1300 Futar | Place | SEP 1 8 1986 | VINTERDA - |

STATE OF MARYLAND

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| | | | | FOR | DEPARTA | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG | IENE 8 6 | 25183 |
|---------|--|-------|------------|--|---|---|---------------------------------------|--|
| N - | 1847 | 2 | 1 - | STATE REGISTRAR | | CERTIFICATE OF DEATH | | |
| | 1041 | 4 | | CEASED NAME FIRST | WIDDLE | LAST | REG. NO. 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| | oy be | | (TYPE | Nancy | Pearl | Green | G | 17/86 7:45 AM |
| | moy be poge er dent | | 3. SEX | | 1. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS |
| | ctor. | | 18 | Fpmale | Black | MONTH DAY YEAR | 75 | MONTHS DAYS HOURS MIN. |
| - | Page 4 | 000 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 16 / | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| | 12 of | 35 | () | RainiA | USA. | MARRIED NEVER MARRIED WIDOWED DIVORCED | ., - | Ctu |
| _ | VAID | 10 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| 5 V | 119 | 1/ | . 1 | Baltimore | SIGNI ITOSP | / / | (TYPE OF WORK FOR MOST OF WORKING I | IFE) INDUSTRY |
| 22 | 3 (5) | 62 | USU A | L RESIDENCE (IF NURSING HOME OR | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) | the express appropriate the source | |
| N. | 2 15 | 3 | 100.0 | nd Ist | Balt | | 13e.STREET ADDRESS / ZIP.COD | rtAve 21215 |
| T. | 1 11 | 1 | 14. FA | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | | |
| MAS | 1 1150 | 100 | | Hinton | 5tith | Lillia | WIDDLE | LAST |
| 2 | 5 5 5 | 3 / | | AS DECEASED EVER IN U.S. AR | | RITY NO. 17. INFORMANT | ADDRESS | |
| IMO | \$ 60 | 1/ | (1) | ES, NO OR UNKNOWN) (IF YES, GIV | 2314678 | 88 Lillie B.Pe | ete 5322 Cut | Lhort Avenue |
| IALI | open to | 6 | | 18 CAUSE OF DEATH (Enter on | nly one cause per line far (a), (b), onc | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ti. | and the second | 1 | 7 | PART I. DEATH WAS CAUSE | TE CAUSE (a) SEPSIS | | | |
| NO. | th ce | o de | / | 116 | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| EST | deat ove | Eng. | | Canditions, if any, which | (16) Assiration | | | VICE STATE |
| g. | 1 411 | 4 | | gove rise to immediate cause (o), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| 20 | those of co | 0 | | underlying couse last. | (c) CVA | | | |
| 5.3 | and of the point | . Aus | z | PART 2. OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | VEN IN PART 1(a) |
| RECORDS | 1 to 1 | - | MOIT | 190 DATE OF OPERATION | 18k CONDITION FOR WHICH | OPERATION WAS PERFORMED | Tan auxonova Tan Iswa | |
| 38 | 0 | 1/ | CERTIFICAT | 148 DATE OF OPERATION | 146 CONDITION FOR WHICH | DPERATION WAS PERFORMED | IN CERT | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? |
| ITAL | The state of | 200 | ERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 71/ HOW INTERVOCCUES | ED (ENTER NATURE OF INJURY IN ITEM 18 | ES NO |
| OF VII | Phy Physical | 0 | | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | Y YEAR | ED LEWISK NATURE OF INJURY IN HEW IR | PART (OR PART 2) |
| Z | HING SELL | 1 | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 211 LOCATION | | |
| 150 | 京を 生まる | 5 1 | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE, FA | RM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| ă | DENG SE | 9 | | AT WORK | ital) attended the deceased from | | | 10 11 11 11 11 11 |
| | NT O AT | 20.0 | | | it) view the bady after death. | , and that in (my) (aur) apinion (| | ur and from the causes stated |
| | PEC PEC | 97 | | 22b. SIGNATURE | it) view the bady after death. | DEGREE | | 22c. DATE SIGNED |
| U | 7 4 7 5 | - | | / Bue / | 1 | ATTENDING | MEDICAL STAFF | 9/17/01 |
| | PER | 4 | | 22d. PHYSICIAN'S NAME (TY | ungg | PHYSICIAN _ 22e. ADDRESS | DIRECTOR PHYSICIAN | 11/1/06 |
| 1 | | 8 / | - 5 | Craig Cu | dry | Signi He | spites | |
| | 5 ± 5 € £ | 2 | 23a B | URIAL, CREMATION, REMOVAL | 23b, DATE . 23c, N | AME OF CEMETERY OR CREMATORY | 23d. LOCATION | |
| | BP | | | DRIAL | 9/22/86 E | ASTINIEW | BO HIMOre | COUNTY STATE |
| | DHAAH 14 4044 | 7/04 | 24 FU | NERAL DIRECTOR | | 25a. DATI | REC'D. BY REGISTRAR 256 REGIS | TRAR'S SIGNATURE |
| | DHMH - 16 60M : (VRA 15, 4) | 7.54 | 10 | M. March Fl | HIA. 1101 East L | lorth Avenue SE | | |
| | | | ~ ' | 11.11.000 | LI - TICH HOTEGOT NO | J. J. HOCHOO | | |

| 00-181 | 86 | 1- | FOR STATE REGISTRAR | | | DEPAR | MENT OF H | OF MARYI EALTH AND ICATE OF | MENTAL HYG | IENE 8 | 6 REG. NO. | 2 | 5 1 | 8 4 |
|--|----------------------------|---------------|--|----------------------------|----------------------------|---|-------------------------|-----------------------------------|---------------------------------------|--------------------------------------|--------------------|-------------------------------------|-----------------------------|----------------------------|
| | 3 | 1. DEC | CEASED NAME | FIRST | | MIDDLE | l l | AST | | 2a DATE OF | DEATH MO | NTH DAY | Y YEAR | 2b. HOUR |
| y be | | | I | Pearl | | Jessie | | reen | | | ptembe | | , 1986 | 7.20 AM |
| frer p | | 3. SE> | | | RACE | | 5 DATE C | DAY | YEAR | 6. AGE (INYE | ARS LAST BIRTHDA | MOI | UNDER I YEAR | IF UNDER 24 HRS |
| 100 | / | | Female | | Whit | е | July | 25 | 1921 | | 65 | YRS. | | |
| | 169 | | RTHPLACE (STATEOR OUNTRY) New York | FOREIGN 7 | | S- A | ? 8 MARRIE WIDOWE | | MARRIED DI | | TIMOR | | FDEATH | MD. |
| 5 M | X | 22 | ACTIHU | RE | SOUTH | | YORE (| | AC HOSP. | 12a USUAL C (TYPE OF WORK Cryp | FOR MOST OF WO | ORKING LIFE) | 12b. KIND OF INDUSTRY Civil | US Gov. Service |
| MD 24 | 35 | | RESIDENCE IF NUR | 1 4 1 | THER INSTITUTION | GIVE RESIDENCE BEFORE TO GLEN BU | | 13d. INSIDE | CITY LIMITS? | | DDRESS / ZI | | 21061 | |
| makerin | 12 | 9 | THER'S NAME FIRST Arthur | M | IDDLE | Armstr | ong | Je | S MAIDEN NA | ME | MIDDLE | | Park | |
| De le | 20 | | AS DECEASED EVER | | ED FORCES? | 166 SOCIAL SEC | URITY NO. | 17. INFORM | ANT (Husb | and) | ADDRESS | | | |
| De t | 1/ | 1 | Yes | WWI | | 050-16- | 5555 | Mr. Ed | lward M. | Green | | S | ame AS | 13 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death or r attending physician. Viter this certificate has been signed by the attending at the buriol-transit permit. Then places remove could be at the buriol-transit permit. | injury, or other troumotic | NO | Canditions, if any gave rise to im- cause (a), statii underlying cause | mediate ng the last. | (b) | RAS A CONSEQUENCE AS A | JENCE OF | ויצורוט | | PS/C | OR CONDITI | ON GIVEN | I IN PART 110 | |
| AL RECO | în Z | CERTIFICATION | 190 DATE OF OPERA | TION | 19b. COND | ITION FOR WHIC | H OPERATIO | V WAS PERF | ORMED | 200 AUTO | PSY? 20 | IB. IF YES, V CERTIFYIN YES [| VERE FINDING NG CAUSES (| GS USED OF DEATH? NO |
| SION OF VITA PHYSICIAN: The ending physicia this certificate this divinitions of the physician of the physic | 80 | | 210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED | CAUSE OF DEATH | ' 1 | | DAY YEAR | 21c HOW II | NJURY OCCURE | RED (ENTERNAT | URE OF INJURY IN | ITEM 18 PART | I OR PART 2) | |
| IVISION JG PHYS offendin ter this of the burn of the | 5/ | MEDICAL | 21d INJURY OCCUR | ние 🗆 | 21e. PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE | . FARM, ETC) | 211. LOCAT | ION | | CITY OR TOWN | | COUNTY | STATE |
| ATTEND Spital o | em 21 is mo | | 22a.1 certify that (1) sow the deceas abave, (1) (we) (| ed olive on_ | 911 | 5 19 | | d that in (my | . 19 8 G () (our) opinion (| , to | on the date | nd hour o | | |
| ITAL OR by the hor RAL DIRE | # # !!! | | B. B. | dis | 2 | | _ 0 | 6.0 | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | X | 9/15 | 188 |
| TO HOSPITAL Cretoined by the TO FUNERAL Established by the Should be detected by the State of th | MPORTA | | BASSIT | 1 B1 | 41 RO | | | 8001 | H BA | CTIHOR | E GE | NERA | ac Hos | PITAL |
| BP | _ | (: | URIAL, CREMATION, PECIFY) Buria NERAL DIRECTOR | | Sept 1 | 7,1986 C | | | CREMATORY emetery 250. DA | Broo | OKLYN I | Park | A A C | o. Md. |
| DHMH - 16 60; (VRA 15, | | | Singleton | 万、刈, Funera | 1 Home | Glen | Burnie | , Mary | | סבר זיס | 73000 | REGISTRA | KUSIGIVATO | I Pal. |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2518

| • | aoth Poge 4 may be | neral director, page 2 72 hours ofter death |
|---|--|--|
| MARTIAND 11201 | A), DR ATTENDENG PHYSICIAN. The low-requires that the death common be executed within 24 hour begin. Page 4 may be the hoppital or otherdring physician. | AL DRECTOR After this certificate has been signed by the attending expectan and analytimely filled in 27 sh moral director, page 1. Sets of the distributions being being. Then please remove a box papers Pages I and 2 shauld be filed with 72 hours ofter death are Dept. of Health and Membal Hygiene prior to busingl. cremation, a commercial property of Health and Membal Hygiene prior to busingl. cremation, a commercial prior to the comme |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON 31., BALTIMORE, MARTIAND 21.201 | (| lege (made to and a |
| CORDS, 201 W. PRESI | e requires that the dea | seen signed by the offer set. Then please remove rigs to buried, cremotion |
| IVISION OF VITAL KE | ALCK ATTENDING PHYSICIAN. The low the hospitol or otherdring physician. | for this certificate has be to the buried from the permits and Mental Hygiene p |
| • | ALOR ATTENDRY | AL DIRECTOR After this certificate deteched for use or the bursafuransiste Dept. of Health and Mental Hygin |

| 1. | FOR STATE REGISTRAR | | | OF HEALTH AN | D MENTAL HY | GIENE O O | 2 1 0 3 |
|---------------|--|-----------------------------|-------------------------------|----------------|-------------------|---|---|
| I. DE | CEASED NAME FIRST | | MIDDLE | LAST | 20-12-7 | | DAY YEAR 26 HOUR |
| 11199 | O(PEN) | -U.S | / | -Reen | 1 SR | 9 1 | 86 8:25 PM |
| 1, 58 | | 4. RACE | | ATE OF BIRTH | | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | m | B | | MONTH DAY | - 19 | 67 YRS | MONTHS DATS HOURS MIN. |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | RRIED NEVE | R MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| V . | South Carolina | U.s.a | | OWED | DIVORCED [| Baltimore, City | MD. |
| | ITY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSING HO | | NSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE U.S. PUDIC Hea. | 126 KIND OF BUSINESS OR LINDUSTRY |
| | Baltimore AL PESIDENCE DE NURSING HOM | | ecour | | | O.B. Tubile fica. | 1011 101 001 |
| - la. | Maryland 136 CC | | 13c. CITY OR TOWN Baltimore | 13d. INSID | CITY LIMITS? | 4910 Gilray Dri | ve 21214 |
| 14. E/ | ATHER'S NAME | WIDDLE | LAST | 15 MOTH | R'S MAIDEN NA | AME MIDDLE | LAST |
|) E | liza | MIDDLE | Green | Не | ttie | MODIE | Cuttino |
| | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 166. SOCIAL SECURITY N | 10. 17 INFOR | MANT | ADDRESS | |
| | Tes, NO OR UNKNOWN) | , GIVE WAR OR DATES) | 249101769 | Mary | Green ! | 4910 Gilray Drive | |
| | 18 CAUSE OF DEATH (Ente | r only one couse per | | | - / | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAL | USED BY: DIATE CAUSE (a) | Lung | CA | Run | one with | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | R AS A CONSEQUENCE |) DE | 6 | | |
| | Conditions, if ony, which | ((b)_ | | ben | my | restaria | |
| | gove rise to immediate cause (a), stating the | DUE TO O | R AS A CONSEQUENCE | N | | | |
| | underlying cause last | (c) | R | TRUCK | me me | - | |
| NO | PART 2 OTHER SIGNIFICAN | NT CONDITIONS CO | ONTRIBUTING TO DEATH | BUT NOT RELA | TED TO THE TERM | MINAL DISEASE OR CONDITION GIV | EN IN PART 110 |
| CERTIFICATION | 90 DATE OF OPERATION | 19b. COND | ITION FOR WHICH OPER | ATION WAS PER | FORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? S NO |
| 1 8 | 21a. ACCIDENT WAS UNDERLYING | 110110 1 | FINJURY M. MONTH DAY Y | 21c. HOW | 'INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM 18 P. | ART I OR PART 2) |
| 3 | OR CONTRIBUTING CAUSE OF | DEATH | M. MONTH DAT T | 19 | | | |
| MEDICAL | 216. INJURY OCCURRED | 21e PLACE | | 211 LOCA | TION | CITY OR TOWN | COUNTY STATE |
| × | NOT WHILE | [AT HOME, ST | REET, FACTORY, OFFICE FARM ET | (1) | CET | | 31416 |
| | 22a.1 certify that (I) (this ha | ospitol) ottended th | e deceosed from | | . 19 | , ta | 19, that (1) (we) last |
| 0 | saw the deceased alive abave, (1) (we) (did) (did | on | after death | ond that in (r | ny) (our) opinion | deoth accurred on the date and have | and from the couses stated |
| | 22b. SIGNIAMORE | | | DEGREE | | | 22c. DATE SIGNED |
| 0 | Atten | h / | throng. | | PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 9/19/2 |
| 1 | 226 PHYSICIAN'S NAME (TO | | | 22e. ADD | | | |
| | Rolp | vs. | h Show | NA | Br | Peron | Hoy |
| | BURIAL, CREMATION, REMOV | | | OF CEMETERY C | | 23d LOCATION | COLATIN |
| I | Burial | 9/22/ | 86 Gar | rison Fo | rrest | Owings Mills | Maryland |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

9/22/86

Garrison Forrest

FUNERAL DIRECTOR

Wm. C. March Funeral Home Inc. ADDRESS 101 E. North Avenus EP 23 1986

| 10 | 201 | | 1 - | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH | L HYGIENE 8 6 | 25186 |
|--|--|---------------------------|---------------|---|---|---|--|---|
| 10 | poge 3 | | | EASED NAME FIRST OR PRINT) AME | S B G | VEELE | 20. DATE OF DEATH MONTH | 12 86 635PM |
| | ge 4 mo) ector, po urs ofter d | | 3. SEX | MME | BIRCE BIRCE | S. DATE OF BIRTH MONTH DAY YEAR YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONIHS DAYS HOURS MIN. |
| 0 | on Col di | 97 O | | OUNTRY | b. CITIZEN OF WHAT COUNTRY | WIDOWED DIVORCED | 0 37 | CITY MD. |
| 1 | To the | 38 | | BATE | (IF NOT IN SUCH FACILITY, GIVE STREE | 4011051 | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | 12b. KIND OF BUSINESS OR INDUSTRY |
| AND 21 | of the second | 16 | 13a. S | IL RESIDENCE (IF NURSING HOME OR C | | WN 13d. INSIDE CITY LIMI | 1034 M | CODE (ECT CF |
| MARYL | | Mo | | LCOAD 2 | OF HOOLE | 15. MOTHER'S MAIDE | ₩IDDIE. | Farmer |
| BALTIMORE | on and a | medica | | (AS DECEASED EVER IN U.S. ARN ES, NO OR UNKNOWN) (IF YES, GIVE | | CI 3 83 Novella | ADDRESS Koger 3330 I | Polfield Avenue |
| 0 5 | physics pn paper | event, the | | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | BY: IIYOF | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | that the death or by the attending cose remove carb | or other traumatic | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUENCE (c) | WALCEAC CY | ancer. | |
| CORDS, 20 | been mit. T | ony injury. | CERTIFICATION | PART 2. OTHER SIGNIFICANT CO | | DEATH BUT NOT RELATED TO THE H OPERATION WAS PERFORMED | TERMINAL DISEASE OR CONDITION 200 AUTOPSY? 200. II | FYES, WERE FINDINGS USED CRUIFYING CAUSES OF DEATH? |
| AL RE | he lo ion. hos | Hygiene 18 shows | TIFIC | | | | YES NO. | YES NO |
| OF VIT | SICIAN: 19 physic 20 physic 20 physic 31 physic 32 physic 33 physic 34 physic 35 physic 36 | or Item 18 sh | - | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH P.M. | DAY YEAR 19 | CCURRED (ENTER NATURE OF INJURY IN ITEM | N 18 PART OR PART 2) |
| NISION | of PHYS offendir er this the bu | kedo | MEDICAL | 21d INJURY OCCURRED WHILE NOT NOT THE AT WORK | 21) PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | , FARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| ۵ | TENDIN ital or TOR: Af | t Heolth ond | | 22a. I certify that (I) (this has a sow the deceased alive of | 19 | | pinion death occurred on the date and | 19, that (I) (we) lost |
| • | hosp hosp ched f | te Dept. o : If Item 2 | | obove, (I) (we) (did) (did) 22b. SIGNATURE | New Instruction body ofter death. | DEGREE ATTEND | ING MEDICAL STAFF | The Date Signific |
| | TO HOSPITAL of retained by the TO FUNERAL Ishould be detailed. | MPORTANT: | | 22d. PHYSICIÁN'S NAME | MONAND | 22e ADDRESS | and of the state o | |
| | BP | 3 ≦ | 23a 8 | URIAL, CREMATION, REMOVAL SPECIFY) RIAL | 236. DATE 9/18/86 23c | NAME OF CEMETERY OR CREMATE | TORY 23d LOCATION Balty ORTOWN Balty Mor | e county state |
| D | DHMH - 16 60 (VRA 15, | | 24 FU | INERAL DIRECTOR IM.C. March | FIH INC III | Ol East North H | DATE REC D. BY REGISTRAR 24 BE | GISTRAR'S SIGNATURE |

| | | | FOR | | | | MARYLAND H AND MENTAL I | HYGIENE S | 2 | 5 1 | 8 | 1 |
|--|---|---------------|--|---------------------|---------------------------|----------------|-----------------------------|-------------------------------|-------------------|----------|------------------------|-----------|
| | 100 | | STATE REGISTRAR | MI | EDICAL EXAM | INER'S | CERTIFICATE C | OF DEATH . | EG. NO. | | | |
| 00.101 | 005 | 1. DE | CEASED NAME FIRST | | MIDDLE | | LAST | 20. DATE KNO | WN IV MONT | H DAY | YEAR | 76 HOUR |
| 00-10 | 000 | (TYP | e or print) Marie | | B. | | Greiser | OF EST DEATH MAT | | | 1986 | |
| PLEA PECTO | 工艺法 | 3. SE) | 4. RACE | 5. DATE OF BIRTH | 6. AGE | IN YEARS IF U | NDER 1 YR. IF UNDER | MIN PRONOUNCED | MONTE | H DAY | YEAR | 3:20P |
| ARY | NON STATE | | THOLACE (STATEOR | OC1. 1 | | YRS. | | DEAD | 9 | | 1986 | M |
| A SEE | 記録と | /a Bi | RTHPLACE (STATE OR REIGN COUNTY) | 76 CITIZEN OF W | HAT COUNTRY? | | RIED NEVER MARE | | | | DEATH | |
| ¥5 | | 10 01 | 1,1D. | 0 | 5. A. | | | | nore Ci | ah. | IS OF SU | MD. |
| 大学 | 2 H 2 | | TY OR TOWN OF DEATH | | FACILITY GIVE STREET ADDR | (655) | HER INSTITUTION | 120 USUAL OCCUPATIO | | OF OF | ND OF BUS R INDUSTR | |
| 200 | - UP DE | -46 | altimore | | Scott Key | | al Center | HOUSEWI | FE | | | |
| ANY AND | A COLUMN | 13a S | LE RESIDENCE (IF IN NURSING HOME OF | | 13c. CITY OR TOV | | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS | Lucol | AU | E. 21 | 1224 |
| H. IF | - S.S.S. | 14. F/ | THER'S NAME | | | | 15. MOTHER'S MAID | ENNAME | | 110 | | |
| 7.5 62.02.0 | 22 |). | ALVIN | MIDDLE | BARTELS | | FIRST | JNKNOWN | | | LASI | |
| BALTIMORE GON PAGES | 200 | | VAS DECEASED EVER IN U.S. ARM | | 166 SOCIAL SEC | URITY NO. | 17. INFORMANT | AD | DRESS 11 / | a Sal | 1157 | ZAIL |
| 5 2 | 198 / | (1 | ES, NO, ORUNKNOWN) (IF YES, GIVE V | AR OR DATES) | 218-26-9 | 304 | WM.E.G | REISER III | Mich. C | י עדי | TNOI | 16360 |
| 1 1 0 | 20 | | 18 CAUSE OF DEATH (Enter only | one cause per lir | ne for (a), (b), and (c). | .) | 1-11-0 | | PHON CI | 7 | PPROXIMATE | INTERVAL |
| The Contract of the Contract o | 28 | | | | | | cardiovascu | ılar disease | | BETV | WEEN ONSET | AND DEATH |
| PRESTON ST | 000 | | IMMEDIAI | | R AS A CONSEQUEN | | | | | | | 11-5 |
| 2 H | A A A A A A A A A A A A A A A A A A A | 1 | Conditions, if ony, which | 4. | | | | | | 3 | | |
| W. W. | ON THE | | gave rise to immediate cause (a) stating the <u>under-</u> | DUE TO, O | R AS A CONSEQUEN | ICE OF | | | | | | |
| ig EN | N. A.E. | | lying couse last. | (6) | | | | | | | | |
| D8. | ANE | | PART 2 OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEAT | H BUT NOT RELATED TO THE | TERMINAL DISEA | SE OR CONDITION GIVEN IN PA | ART 1 in | | | | |
| MECORDS D BE DE | MEDICAL EX AS A BURIA ALTH AND A CREMATION | Z | | | | | | | | | | |
| 및 의원 | Jan. 1842 | CERTIFICATION | 190. DATE OF OPERATION | 196 COND | DITION FOR WHICH O | OPERATION V | WAS PERFORMED? | | | 20 A | AUTOPSY? | |
| SHOU | PRAE SEE | IFIC | MATERIAL PROPERTY. | | | | | | | | YES 🗌 | NO [X |
| | 3 SHOULD BE UP DEPARTMENT OF PRICE TO BUR | ER | 21a EXTERNAL CAUSE WAS | 21b. TIME C | | 21c. F | HOW INJURY OCCURR | ED LENTER NATURE OF INJURY IN | ITEM 18 PART 1 OR | | 120 | 110 (2) |
| DIVISION OF SCRIPPICATE RELING THE W | TOTAL TAMES | | UNDERLYING OR CONTRIBUTING CAUSE OF D | | | YEAR | | | | | | |
| NS ESS | SHORT EPART PRIOR | MEDICAL | 214 INJURY OCCUPRED | ?le PLACE | OF INJURY (AT HOA | | OCATION | | | | | |
| DIV VRITI | N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ¥ | WHILE NOT WHILE AT WORK | STREET, FAI | CTORY, FARM, ETC.) | | STREET | CITY OR TOWN | | COUNTY | | STATE |
| 12 | STA STA | | | f at a six at | | | psy , Inspection | ♥ . □ | | | | |
| # 55 | UD BE FOR | | 270 I certily that I took charge | | | | 1 | | and in my | opinion | | |
| | WITH WITH ARYD | | death resulted from: Nature | ol couses [_X], | Accident, | Suicide | , Homicide . | Undetermined manner | <u></u> | | | |
| W 20 | WAR | | ACTUAL TO A | 11- | 11- | _ | TITLE (SPECIFY) | nt MEDICAL EXAMINER | DAT | E Q | /22/8 | 6 |
| 3=3 | SE SE SE | | SIGNATURE | | 1 | | M.D. ASSISTAL | MEDICAL EXAMINER | SIGI | NED_J | 12210 | 0 |
| 95 | TWO NE | | EXAMINER'S NAME (TYPE OR PRINT) Wil | liam M. | Zane, M.D | | ADDRESS 11 | l Penn St. I | Balto.M | D. | | |
| 67 67 67 67 67 67 | TO FUNERAL POPULATION AFTER DEATH BALTIMORE, M | 23a. B | JRIAL, CREMATION, REMOVAL 23 | | | | ADDRESS II. | 173d LOCATION | | | | |
| 07/84 RP | | (2 | Birein | 9-24-81 | Loude | n | W CEN | DAI TO | co | YTHUC | LI | 8. |
| 25M | 2307 127 | 24. FI | INERAL DIRECTOR | | 120000 | NIN | 250. DATE | REC'D. BY REGISTRAR 251 | | | URF | |
| | MH = 17 15 ME (5)) | 14 | OF FMANN-SKA | RDA ADDRES | 218 400 | SOA | ST SE | P 23 1986 | ia laurds | 14-c, MO | hings. | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The low requires that the death certificate be

00-19566

the tuneral director page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

86 25 188

| | 1 - | REGISTRAR | | CE | RTIFICATE | OF DEATH | REC | G. NO. | | | | 1 | |
|---|---------------|---|---|-------------------------------|--------------|-------------------------|-----------------------------|-----------------------|---------------|---------------------|---------------------|------|--|
| ı | 1. DEC | CEASED NAME FIRST | | MIDDLE | LAST | 1 | 20. DATE OF DEAT | | DAY | YEAR | 2b. HOUR | A | |
| | | GRIFFIN MA | RIE | | GRIFT | IN | | 9 | 19 | 86 | 2.20 | M | |
| H | 3.553 | | 4 RACE | | ATE OF BIRTH | DAY YEAR | 6. AGE IN YEARS LA | ST BIRTHDAY) | IF UNDER | T YEAR DATS | IF UNDER 24 | MIN | |
| | | eghale | Black | K | 4 | 18 30 | 56 | YRS | | | | | |
| 7 | 10.89 | CHPLACE (SIVITE OF FOREIGN QUARTER) | 76. CITIZEN OF | | ARRIED NI | EVER MARRIED DIVORCED | 9 BALTIMORE CI | TY OR COUNTY OF DEATH | | | | | |
| | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSING HO | OME OR OTHE | | 120 USUAL OCCU | PATION | 12b K | | BUSINES | S OR | |
| 9 | 13 | alternose ma | Liber | A FACILITY, GIVE STREET ADDRE | el C. | enter | (TYPE OF WORK FOR M | DST OF WORKING | LIFE) INDU | ISTRY | | | |
| | 730 S | AL RESIDENCE (IF NURSING HOME OF TATE 13b COUR | | 130. CITY OR TOWN BALT | 13d INS | NO | | LA FA | _ | EA | ve | | |
| | 14 FA | THER'S NAME FIRST | MIDDLE | LAST | 15 MO | THER'S MAIDEN NA/ | ME | ſĘ | | LAST | | | |
| | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 2122660 | | ORMANT IRA HAWKIA | | DRESS Br | | ny | | | |
| | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly one couse per D BY: TE CAUSE (0) | line for (a), (b), and (c), | | MONANY | 11 15 | 2 557 | | PPROXIM TWEEN ON | ATE INTERVA | ATH | |
| | | IMMEDIA | | R AS A CONSEQUENCE | OF (5 | 1051 | 10-3110 | Mana | | | 11-1- | | |
| 3 | H | Conditions, if any, which | | | 100 | | | | | | | | |
| | | gove rise to immediate couse (a), stoting the underlying cause lost | DUE TO, O | R AS A CONSEQUENCE | OF P | NEU | MON | A | 1 | | | | |
| | NO | PART 2 OTHER SIGNIFICANT (| CONDITIONS CO | ONTRIBUTING TO DEATH | H BUT NOT RE | ATED TO THE TERM | INAL DISEASE OR C | ONDITIONO | GIVEN IN P. | ART lia | | | |
| 7 | CERTIFICATION | 19a DATE OF OPERATION | 196 COND | TION FOR WHICH OPER | RATION WAS I | PERFORMED | 200 AUTOPSY? | IN CER | TIFYING CA | FINDING AUSES C | GS USED OF DEATH | ? | |
| 1 | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH DAY | YEAR | OW INJURY OCCURR | RED (ENTER NATURE OF | INJURY IN ITEM IS | 8 PART I OR P | ART 2) | 44. | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE | | 21f LO | CATION | СПУ | ORTOWN | COUR | VIY | STA | î E | |
| | | 220.1 certify that (I) (this hospi | | e deceosed from | 8/1 | 19 86 | | 19 | . 19 £ | | ot (I) (we | , | |
| | | saw the deceased olive on abaye, (1) (we) (did) (did no | 1) view the body | after death | | (my) (our) opinian o | death occurred an th | ne date and he | | | | d | |
| | | And ache | w W | rela | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR PH | STAFF YSICIAN D | m | 9/ | 9/3 | 6 | |
| | | AM BA-CH | 4 | WORETA | 7 22e AD | CIBER! | TY ME | DICAL | C | EN! | ien | | |
| | 23a B | URIAL, CREMATION, REMOVAL | 236. DATE 9-2 | 3-86 236 NAME | OF CEMETER | OR CREMATORY | 23d LOCATION CITY OR TOW | N | COUNTY | | STA | TE | |
| | 24 FU | NERAL DIRECTOR | | 2 | | 25a. DATE | REC'D. BY REGIST | RAR 25b. REGI | STRAR'S SI | GNATU | RE | | |
| | 5 | TATE ANAT | my 1 | PAR OFFESS B | 40, M | 10 SEP | 30 1986 | 4 diasto | uidana | 70 | | | |
| | | | , | | F - 1 - 1 | | | 1 | | 2 | - | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

retoined by the hospital or attending physician.

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and camp should be detached for use as the buriol-transit permit. Then please remove corbanpopers. Pages of or with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical extensions.

The second of th

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 25189

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

| | | REGISTRAR | | | | | REG. N | | | |
|-----|---------------|--|------------------------------------|---|------------------|--------------------------|--|-----------------|-----------------------|--|
| 1 | | ORPRINT) | EIRST | WIDDLE | LAST | 3R1 | | | O O C | 2h HOUR |
| 1 | | | RUSSELI | , | SEX | | SEPTEMBER | | | B:45P.M |
| | 3. SEX | M | | WHITE | S. DATE OF | 2 - 1959 | 6. AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| 1 | | OUNTRY) | E OR EOREIGN 7b. | CITIZEN OF WHAT COUN | MARRIED WIDOWED | NEVER MARRIED DIVORCED | BALTO. | R COUNTY | TY | MD. |
| 100 | 10. CI | TY OR TOWN OF | DEATH 11 | NAME OF HOSPITAL, N (IF NOT IN SUCH EACILITY, GIVE CHURCH | | OTHER INSTITUTION | 120. USUAL OCCUPAT (TYPE OF MORK FOR MOST O | | INDO SARY L | F BUSINESS OR ERFLOUT FOTEL |
| 1 | 13a. S | TATEMD . | NURSING HOME OR OT | MER INSTITUTION, GIVE RESIDENCE 12-SITY OF | TO · | 3d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS. 2407 FO. | ZIP CODE | AVE | 21224 |
| 2 | 14. FA | THER'S NAME EIRST USSE | LL P | GRIFFIA | JZ. | S. MOTHER'S MAIDEN NA | MIDDLE E | | WiL | SON 14 AVE. |
| | | VAS DECEASED E VES, NO OPUNKNOWN | VER IN U.S. ARME | | 72-4902 | RUSSELL P | GRIFFIN | | 212: | LWOOD. |
| | | | EATH (Enter only H WAS CAUSED I | | | RY ARREST | | | | MAYE INTERVAL ONSET AND DEATH MINUTE |
| | | Canditians, if | | DUE TO, OR AS A CON | SEOUTH THE | | | | 48 H | OURS |
| | | gave rise to cause (a), s underlying c | tating the | DUE TO, OR AS A CON | SEQUENCE OF | SUBARACHNO HEMORRHAGI | | | | |
| | NO | PART 2. OTHER | SIGNIFICANT CO | nditions <u>contributi</u> n | G TO DEATH BUT N | OT RELATED TO THE TER | MINAL DISEASE OR CON | IDITION GIV | EN IN PART 1 | a · |
| 9 | CERTIFICATION | 19a. DATE OF OP | ERATION | 196 CONDITION FOR V | VHICH OPERATION | WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | , WERE FINDING CAUSES | |
| | | | CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONT P.M. | | 21c. HOW INJURY OCCUI | RRED (ENTER NATURE OF INJU | RY IN ITEM 18 P | ART I OR PART 2) | |
| | MEDICAL | 21d. INJURY OC | | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, (| | 211 LOCATION STREET | CITY OR TO | NWC | COUNTY | STATE |
| | | 22a. I certify the | ot (I) (bus hospital | EPTE BEREOS OF | 6 SEPTEM | BER 04 ₁₉ 86 | , to SEPTEN | | | causes stated |
| | | 226 SIGNATURE | | -se | D.0 | GREE ATTENDING PHYSICIAN | | CIAN | 22c. DATE | 6-86 |
| | | CAROL | S NAME (TYPE OR P | MSEY D.O. | | 27e ADDRESS CHU | BROADWAY | | | |
| | | SURIAL, CREMATI | | 23b. DATE | | METERY OR CREMATORY | CITY OF TOWN | Bus | COUNTY | MAX |

DHMH - 16 60M 7/84 (VRA 15; 4)

TO FUNERAL DIRECTOR. should be detoched for us with the State Dept. of He IMPORTANT. If Item 21 is

| 0700 | 1 - | FOR STATE REGISTRAR | | | DEF | | OF HEALTH AND | | IENE & | REG. NO. | 2 | 5 | 1 7 |
|--|---------|---|---|-----------------------------------|-----------------|-------------------|-----------------|-------------------------|---------------------------------------|-------------------------------------|----------------------------------|--------------|-----------------------------------|
| 8/60 | | EASED NAME FIR | ST | | MIOOLE | | GROS | S | 20 DATE OF | DEATH MON | - 21 | -86 | 26 HOUR 6 20/p |
| moy Feer d | SEX | EMALE | 4 | RACE WHI | TE | | TE OF BIRTH | YEAR | 6 AGE (INYI | ARS LAST BIRTHOA | YRS. | INDER I YEAR | IF UNDER 24 HRS |
| 1 1250 | | DUNTRY | TOWN OF DEATH 11. NAME OF HOSPITAL, NURSI | | | MA | RRIED NEVER | R MARRIED DIVORCED | 9 BALTIMO | RECITY OR C | OUNTY OF | DEATH | |
| 11.80 | PCII | YORTOWN OF DEATH | TYF | | | STREET ADDRESS | | THE STATE | 12a USUAL C (TYPE OF WORK DOMES | CCUPATION FOR MOST OF WO STIC | ORKING LIFE) | Self | F BUSINESS O |
| | 13a S' | | COUNTY | imore | 137 CITY OF | | YES Y | NO [| 667 QI | ADDRESS / ZI Jeensga | | oad | 74 |
| and | 7_ | HER'S NAME FIRST | MIC | DOLE | Ho | | | r's maiden na/ garet | ME | MIDDLE | | Nottî: | ing |
| Poper C | | AS DECEASED EVER IN U S. NO OR UNKNOWN) (IF | | ED FORCES? VAR OR OATES) | 214- | SECURITY N | | t Groos | 667 QI | address | ite Rd | | |
| physics physics proper present, the | | 18 CAUSE OF DEATH IEE PART I. DEATH WAS O | AUSED | one cause per BY: CAUSE (a) | line for (a), (| A | CUD | | | , | | BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| Registrating over could not | | Canditions, if any, wh | | 1.1.11 | r as a con | SEQUENCE |)F | theraso | Vasc | aGr | | | |
| by tose rills of the other the | | gove rise to immedia couse (a), stating to underlying cause la | he | DUE TO, O | R AS A CON | SEOUENCE (| OF . | | d | ises | < | | |
| equires the signed Then plects to buriol njury, or | NOI | PART 2 OTHER SIGNIFIC | ANT CO | | ONTRIBUTIN | G TO DEATH | BUT NOT RELAT | ED TO THE TERM | INAL DISEAS | E OR CONDIT | ION GIVEN | IN PART 1 | o · |
| 1000 | TIFICAT | 90 DATE OF OPERATION | - 8 | 196 COND | ITION FOR V | VHICH OPER | ATION WAS PERF | FORMED | 20a AUTO | NO | DE IF YES, W CERTIFYIN YES | IG CAUSES | OF DEATH? |
| CLAN. To physical phy | A) CER | 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX | OF DEATH | 216 TIME O HOUR A. | M. MONT | H DAY Y | EAR | INJURY OCCUR | RED (ENTERNA | TURE OF INJURY IN | ITEM TE PART | I OR PART 2) | |
| G PHYS ond Mar ked of | MEDIC | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | | 21e PLACE | OF INJURY | OFFICE, FARM, ETC | 211 LOCA | | | CITY OR TOWN | | COUNTY | STATE |
| TENDRA pholosomer of Health of Health | | 220.1 certify that (1) (this saw the deceased of above, (1) (we) (did) (| ive an | | 11 15 | 19 8% | ond that in (m |) (our) opinion | , to | d an the date | , 19_ and have an | | that (I) (we) lo causes stated |
| the house to DIREC eroched to Dept | | 22b. SIGNATURE | · / | | celo | | DEGREE | ATTENDING PHYSICIAN E | MEDICAL | STAFF PHYSICIAN | ν Π | 220. DATE | SIGNED 22/86 |
| HOSPITA D FUNEA could be di the Stor | | PMA TUH | TYPE OR P | L L | LACE | m | 22e ADDR 501 | | | t, B.14. | | 216 | 217 |
| 0 2 2 4 1 27 | (| URIAL, CREMATION, REM PECIFY) Burial | | 23b. DATE 24 Sep | 86 | | of CEMETERY OF | | | ortown imore (| | OUNTY | MOSTATE |
| | 24 FU | NERAL DIRECTOR DIOSE, Inc. 1 | | | | | | | | EGISTRAR 25b. | REGISTRA | | 244 |

STATE OF MARYLAND

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 86 | 2519 | - |
|----|------|---|
|----|------|---|

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

_, that (I) (we) last

STATE

STATE

| 0 1 | | REGISTRAR | | | | CER | IFICATE | FUEATH | , RE | MNO. | | 101 |
|-----|----------------|--------------------------------------|-----------------------------|----------------------------|-------------------|------------------|------------------|-------------------------|--|-----------------------|------------------|---------------|
| | | EASED NAME | FIRST | | MIDDLE | 0 | LAST | 1.1 | 20. DATE OF DEAT | H MONTH | OAY FEAT | R 2b HOU |
| | | Mo | ada | Len | | 6u | DINNE | att | | 1 | 4/198 | 16 . 1.0 |
| | 3. SEX | | 7 | RACE | Marin I | | E OF BIRTH | YEAR | 6. AGE (IN YEARS LA | ST BIRTHDAY} | MONTHS DA | EAR IF UNDER |
| | | Female | | Whi | te | | 10 14 | 23 | 62 | | | |
| 71 | | THPLACE (STATE OR | FOREIGN 7b | CITIZENOF | WHAT COU | NTRY? 8 | PIED NEVE | R MARRIED | 9 BALTIMORE CIT | Y OR COUN | ITY OF DEATH | 4 |
| - | | Maryland | | U.S. | | | WED X | DIVORCED [| Balto. C | ity | | |
| 20 | 10 C1 | Y OR TOWN OF DE | ATH 11 | | | URSING HOME | E OR OTHER I | NSTITUTION | 12a USUAL OCCU | | | ID OF BUSIN |
| 4 | B | Balto. | | | Agnes | | | | Nurse | | | pital |
| | USUA 130. S | L RESIDENCE (IF NUR | 13b COUNTY | | GIVE RESIDENCE | | | E CITY LIMITS? | 13e STREET ADDRE | SS / ZIP CC | ODE | |
| ~ | M | d. | | manufacture (second second | Balto | | YES 🗌 | NO 🗌 | 2009 Cas | | | 1230 |
| | 14. FA | THER'S NAME | MIC | DLE | LA | ST | 15. MOTH | ER'S MAIDEN NA | ME | 116 | | LAST |
| | | James | Jose | | | phy | Car | olina | Agnes | | Diml. | |
| - | | AS DECEASED EVER | IN U.S. ARME | | 16b SOCIAL | L SECURITY NO | D. 17. INFOR | MANT | AI | DDRESS 10 | 05 Oak | AVE |
| 1 | (1 | Yes | WWII | AR OR DATES | 218- | -16-193 | 8 Mr. | James M. | Gwinnutt | Gler | n Burni | e, Md. |
| Ī | | 18 CAUSE OF DEAT | H (Enter only | ane cause per | r line for (a), (| (b), and (c).) | | | | | BE TW | PROXIMATE INT |
| | | PART I. DEATH V | VAS CAUSED E IMMEDIATE (| | Cere | Beo va | cular | Acider | it. | | | |
| | | | B11112011112 | | DAS A CON | SEQUENCE O | | | | | | |
| | 4 | Conditions, if any | , which | ((b) | ASCV |) A | treperte | marin | | | | |
| | | gave rise to im cause (a), stati | mediate | DUETO | DAS A CON | SECHENCE | 01 | | | | | |
| | | underlying cause | | (6) | Dial | SEQUENCE O | mell | Acider mois Cites | | | | |
| | | PART 2. OTHER SIG | NIFICANT CO | NDITIONS CO | | | | | AINAL DISEASE OR | ONDITION | GIVEN IN PAR | Tito |
| | CERTIFICATION | | | | | | | | | | | |
| 6 | CAT | 19a DATE OF OPERA | TION | 196 COND | ITION FOR V | VHICH OPERA | TION WAS PER | RFORMED | 20a AUTOPSY? | | YES, WERE FIN | |
| 7 | TE | | | | | | | | YES NO | | YES [| NO [|
| 1 | CER. | 210. ACCIDENT WAS UN | | 216. TIME C | | H DAY YE | 21c. HOW | / INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN ITEM | 18 PART LOR PART | (2) |
| 4 | AL | OR CONTRIBUTING | | | .M. | | 9 | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | | OF INJURY | | 21f. LOCA | ATION | CITY | ORTOWN | COUNTY | |
| - | Σ | AT WORK NOT W | HILE D | (ATHOME, ST | REET, FACTORY, C | OFFICE, FARM ETC | 3.0 | | | | | |
| 97 | | 22a I certify that (1 | |) attended #h | e deceased | from | 3/26 | 19_86 | , to9 | 19 | 19.86 | , that (I) |
| | | saw the decease abave, (1) (we) (| ed alive on | 9/9 | altar death | 19.86 | , and that in (r | my) (aur) apinian | death accurred on t | ne date and l | haur and fram | the causes s |
| | | 22b. SIGNATURE | A . | | 4 44 | | DEGREE | | | | 22c. D | ATE SIGNED |
| | | K | altia | KI | illai. | | mil | ATTENDING PHYSICIAN | | STAFF | 19 | 19/8 |
| 5 | | 22d. PHYSICIAN'S N | AME (TYPE OR PI | | | | 22e. ADD | | A | 4 . | . + 0 | 1.10 |
| | | P11.0 | AI | 4 | ATHA | 7. | | 38 | Agnes | Hosp | ilal | |
| - | 23a B | URIAL, CREMATION | REMOVAL T | 23b. DATE | | | E CEMETERY C | OR CREMATORY | 23d LOCATION | | | |
| | | Remova | | 9-10- | 86 | 230. 1170112 0 | . Cemerani (| ZI CREMATORT | CITY OR TOW | | COUNTY | |
| | 24 FI | NERAL DIRECTOR | | 7 20 | - | | | 250000 | PREGID_BY NEGLIGI | RARIZSA REC | SISTRAR'S SIGN | NATURE |
| | | | | | | | | 2300 | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW | ALL THE AND LOCAL CO. | CIC CHOULEN | - WILLIAME |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

Anatomy Board

ADDRESS Balto., Md.

SEPET DE THUR THAT THE BEGISTER S SIGNATURE FUNDA DE LA DELLE DELL

00181-00 4 1 /86 2 3 Continue of the State ASTELL PROPER V APPLE THE TOTAL